TOWN OF STERLING
Office of the Town Clerk
1 Park Street
Sterling, MA 01564
tel. 978-422-8111 x2307
fax. 978-422-0289
www.sterling-ma.gov/town-clerk

OFFICE HOURS
Mon - Thu: 8:00 - 5:00
Fri: 8:00 - 12:00

DOG LICENSE APPLICATION AND RENEWAL FORM

DUE DATE
April 15, 2026

LICENSING FEES	
Non-altered	$12.00
Altered (spayed or neutered)	$8.00
Senior Residents (70+) or Service Dogs	$0.00
Late Penalty after DUE DATE	$25.00

If you own a dog, it is time to register or renew your annual dog license. If you no longer own your dog, please notify the Town Clerk's Office.

ON-LINE

Purchase or renew licenses online at **www.doglicenses.us/MA/Sterling**. Credit card payments only. If needed, the current rabies certificate(s) should be attached to the order during check-out.

BY MAIL or DROP OFF

Complete the application form below, verifying owner information, street address, and pet description(s). If needed, include the current rabies certificate(s) and a check or money order for the total payable to **Town of Sterling**. Do not send cash. Mail to the Town Clerk or drop off 24/7 at the grey box outside the Butterick Municipal Building at 1 Park Street.

IN-PERSON

Come to the Office of the Town Clerk during office hours. If needed, please bring the current rabies certificate(s) and the completed application with you.

Failing to license by DUE DATE may result in a *Failure To License Citation* of $50.00 or more from Animal Control per MGL 140 s141. Licenses are renewable annually and are valid January 1 thru December 31. **No license is issued for a dog not having a current rabies vaccination.** The license fee is waived for those residents 70 years of age or older (excluding kennels) and for service dogs, provided the necessary paperwork is given. If you have any questions, please contact **Animal Control at 978-422-7331 or AnimalControl@sterling-ma.gov**.

Town of Sterling
1 Park Street; Sterling, MA 01564

APPLICATION for the registration of dog(s) for the year 2026

Age		Sex	Spay /	Color									Breed	Dog Name	Microchip Number	Rabies Expire (m/d/y)	Fee
YRs	MOs	(M/F)	Neut	BL	WH	GR	BD	TA	BR	YE	RE	TRI					
																Total	

Owner Information

Name _____

Street Address _____

Mailing Address _____
if different (e.g. PO Box)

City _____ State _____ ZipCode _____

Signature of Applicant _____

Date Signed _____

Phone 1 _____ Phone 2 _____

Email _____