

# Application

Name		
Street		
City	State	Zip
Telephone Number		
Email Address		
Dog's Name		
Predominant Breed		
Color	Dog's Date of Birth	

FEE SCHEDULE (Please check one)

- Male/Female \$ 19.00
- Male/Neutered \$ 8.00
- Female/Spayed \$ 8.00

Amount Enclosed \$ \_\_\_\_\_

Please mail a **copy** of the following with this application:

- Rabies Vaccination Certificate
- Spay/Neuter certificate (if applicable)

**Note:** Applicants **must** include a self-addressed stamped envelope. Please mail this application to your local Town Clerk.

For more information, please contact your Town Clerk or Municipal Animal Control Officer.

**THIS FORM MAY BE REPRODUCED.**

Provided as a courtesy by the Connecticut Department of Agriculture.