

# TOWN OF MIDDLETOWN

## APPLICATION FOR DOG LICENSE

Date: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Address: \_\_\_\_\_



Phone: \_\_\_\_\_ Owner DOB: \_\_\_\_\_

Additional Contact: (Optional) \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

<p> Tag No. _____</p> <p> License No. _____</p> <p><b>For Office Use Only</b></p>
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Name of Dog: \_\_\_\_\_ DOB: \_\_\_\_\_

Breed of Dog: \_\_\_\_\_ Color: \_\_\_\_\_

Markings/Additional Information: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_

Rabies Expiration: \_\_\_\_\_ Gender:  M  F  Altered

Security Chip: \_\_\_\_\_ Tattoo and Location: \_\_\_\_\_

License year: **MAY 1 TO APRIL 30 (Beginning April 1 of each year)**

**ANNUAL fee: \$10.00**