

APPLICATION FOR DOG LICENSE

OWNER'S NAME: _____ PHONE #: _____

ADDRESS: _____

DOG'S NAME: _____ BREED: _____

DOG'S AGE: _____ COLOR MARKINGS: _____ SEX: _____

**PLEASE SEND THIS FORM ALONG WITH THE RABIES VACCINATION
CERTIFICATE AND PROOF OF NEUTERED/SPAYED TO:**

**TOWN CLERK, JOAN AHLQUIST
41 WEST STREET
CROMWELL, CT 06416**

THE FEES FOR LICENSING ARE AS FOLLOWS FOR THE MONTH OF JUNE:

**\$ 8.00 - NEUTERED/SPAYED
\$19.00 - MALE/FEMALE**

**A LATE FEE OF \$1.00 PER MONTH IS APPLIED AFTER THE MONTH OF
JUNE. (IE; JULY \$9.00/ \$20.00)**

**PLEASE INCLUDE A STAMPED SELF-ADDRESSED ENVELOPE AND MAKE
CHECKS PAYABLE TO: TOWN OF CROMWELL**

QUESTIONS CALL: 632-3440

THANK YOU,



**JOAN AHLQUIST
TOWN CLERK**