

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 CERTIFICATE TO:**

**CROMWELL TOWN CLERK
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)

MAKE CHECKS PAYABLE TO: CROMWELL TOWN CLERK

PLEASE INCLUDE A STAMPED SELF-ADHESIVE ENVELOPE

QUESTIONS CALL: 860-632-3440