

# **TOWN OF NEW BOSTON DOG LICENSE INFORMATION FORM**

**OWNER INFORMATION:** (Please Print All Information)

<b>OWNER LAST NAME:</b>	<b>FIRST NAME:</b>	<b>OWNER DATE OF BIRTH:</b>
<b>ADDRESS:</b>		<b>PHONE NO:</b>
<b>MAILING ADDRESS:</b>	<b>VETERINARIAN NAME &amp; ADDRESS:</b>	
<b>DOG NAME:</b>	<b>BREED:</b>	<b>COLOR:</b>
Please check the appropriate box.	* Certificate <u>required</u> for spayed & neutered.	<b>DOG DOB:</b>
<b>MALE [ ] NEUTERED [ ]</b>	<b>FEMALE [ ] SPAYED [ ]</b>	
<b>RABIES TAG #:</b>		
<b>RABIES EXP. DATE:</b>		
<b>For Office Use Only</b> <b>DOG LICENSE NO:</b> <b>DATE LICENSED:</b> <b>LICENSE FEE PAID: \$</b>		<b>For Office Use Only</b>  <b>PUPPY</b> <b>SENIOR</b>

*If you wish to receive a reminder by e-mail, please enter your email address here:* \_\_\_\_\_