TOWN OF MILLVILLE

DOG LICENSE APPLICATION

Please print out this form and submit it completed with payment to: Millville Town Clerk
290 Main Street
Millville, MA 01529

(Please do not send cash. Make checks payable to “Town of Millville”)

You must submit a copy of a valid rabies certificate for each dog with this form.

Please include a self-addressed, stamped envelope so we can send the license and tag to you.

Dog Owner: ______________________________________
Address: _________________________________________
Telephone No: _______________________________

Dog #1
Male Dog_______ Female Dog______ Neutered Male_____ __ Spayed Female______
Name of Dog: ______________________________________ Age: ___________________
Breed: ___________________ Color: ___________________
Rabies Expiration Date: ____________________________

Dog #2
Male Dog_______ Female Dog______ Neutered Male_____ __ Spayed Female______
Name of Dog: ______________________________________ Age: ___________________
Breed: ___________________ Color: ___________________
Rabies Expiration Date: ____________________________

Dog #3
Male Dog_______ Female Dog______ Neutered Male_____ __ Spayed Female______
Name of Dog: ______________________________________ Age: ___________________
Breed: ___________________ Color: ___________________
Rabies Expiration Date: ____________________________

Remember to include a copy of a valid rabies certificate for each dog!

(For additional dogs, you must complete a Kennel License Application)