



# TOWN OF MILLVILLE

## DOG LICENSE APPLICATION

PLEASE INCLUDE  
A  
SELF-ADDRESSED  
STAMPED  
ENVELOPE  
WITH  
THIS 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: \_\_\_\_\_

**COST PER DOG: NEUTERED/SPAYED: \$10.00 INTACT: \$15.00**

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)*