

# DOG LICENSE APPLICATION

## OFFICE OF THE TOWN CLERK, MADISON, CT



Please complete the information below. Return form in person or by mail with a valid rabies certificate and appropriate payment to our office. Rabies certificate will be returned with your new dog tag.

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email address: \_\_\_\_\_

Dog Name: \_\_\_\_\_

Dog Color: \_\_\_\_\_ Predominate Breed: \_\_\_\_\_

Dog Age: \_\_\_\_\_ Chip Number: \_\_\_\_\_

Renewal     New

Fee Schedule: (Please check one)

Male/Female    \$19.00

Male, Neutered    \$8.00

Female, spayed    \$8.00

Late Fee    \$ \_\_\_\_\_ (\$1.00/month for dogs licensed after July 31<sup>st</sup>)

**Amount Enclosed**    \$ \_\_\_\_\_

Check payable to "Madison Town Clerk"

Mailing address: 8 Campus Drive, Madison, CT 06443

Please include a self-addressed stamped envelope with extra postage for return of dog tags.