

# Dog License

Please print out this form and return to:

**Springfield City Clerk**  
**City Hal, Room 123**  
**36 Court Street**  
**Springfield, MA 01103-1683**

**ANNUAL LICENSE PERIOD APRIL 1 TO MARCH 31 OF EACH YEAR**

## Owner information:

Name of Owner:

\_\_\_\_\_

First	Middle	Last
-------	--------	------

Residence:

\_\_\_\_\_

Number	Street	Apt #	Zip
--------	--------	-------	-----

\_\_\_\_\_

Home Phone	Cell Phone
------------	------------

E-Mail Address: \_\_\_\_\_

## Dog Information:

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

Sex: \_\_\_\_\_ Neutered:  Yes  No Spayed:  Yes  No

(Male? If neutered, please provide veterinarian certificate)  
(Female? If spayed, please provide veterinarian certificate)

Color/s: \_\_\_\_\_

Breed/s: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Animal's Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Please include the rabies vaccination from your veterinarian.

Annual License Fee:

Make check payable to **City of Springfield**

Male <b>\$25.00</b>	Female <b>\$25.00</b>
Neutered Male <b>\$5.00</b>	Spayed Female <b>\$5.00</b>

Any person who fails to obtain an **annual dog license** on or before May 31st shall be charged when applying for a license, in addition to the license fee, a late fee of **\$5.00 per month for each month after June 1 of each year. Please enclose a self addressed stamped envelope for each transaction through the mail.**

