

Dog License

Please print out this form and return to:

Springfield City Clerk
City Hall, 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
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Residence:

Number	Street	Apt #	Zip
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Home Phone	Cell Phone
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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 **\$25.00** Female **\$25.00**

Neutered Male Spayed Female

\$5.00 **\$5.00**

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 **\$10.00 per month for each month after June 1 of each year. Please enclose a self addressed stamped envelope for each transaction through the mail.**