

OFFICE OF
THE TOWN CLERK
380 GREAT ROAD
STOW, MASSACHUSETTS 01775

TOWN OF STOW 2017 DOG LICENSE REQUEST FORM



A FEW REMINDERS FROM TOWN OF STOW GENERAL BYLAWS, ARTICLE 6, SEC. 7 *

1. All resident dogs, six months and older must be licensed with the Town of Stow by January 31, 2017.
2. Licenses for spayed/neutered dogs are **\$10.00 each**. Licenses for unaltered dogs are **\$10.01 each**.
3. Licenses issued after April 15th are subject to a Late Fine of \$25.00 *per dog*.
4. **An up-to-date rabies certificate must be on file with this office or provided at the time of licensing.**
5. Licenses are valid January 1, 2017 - December 31, 2017.
6. Households with four dogs or more require a kennel license. Please contact the Town Clerk for fees.



Directions:

1. Fill out the information for each dog on the bottom of this form. Use separate sheet of paper if needed.
2. Make check payable to *Town of Stow* for the proper amount. **\$10.00 per dog license**. (Ex.2 dogs = \$20.00)
3. Send a copy of **up-to-date rabies certificate** or confirm that one is on file with the town clerk's office.
4. Send a **self-addressed stamped envelope with 70¢ postage (94¢ for 3+ tags)**. The license tag(s) will be mailed to you.

Any requests without the proper fee or a current rabies certificate will be returned.



A rabies clinic is scheduled for **April 6, 2017**, 6 p.m. – 8 p.m., at the Highway Barn, 88 South Acton Rd.

Thank You!

**The General Bylaws are available on-line at www.stow-ma.gov Click on the Town Document link.*

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PLEASE PRINT NEATLY

Dog's Name	Female/Male (\$10.01/dog) Spay/Neuter (\$10/dog)	Breed	Color	Age or Date of Birth	Rabies Expiration Date
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

Households with four dogs or more require a Kennel License. Please contact the Town Clerk for fee information.

NO LONGER HAVE A DOG that was licensed last year?

Please check one: OWNER MOVED DOG MOVED DOG DECEASED

_____ *Dog(s) Name*

OWNER'S NAME: _____

TELEPHONE NUMBER: _____

STREET ADDRESS: _____

MAILING ADDRESS: *(if different)* _____

DATE: _____

NAME OF VETERINARY CLINIC: _____