

THE COMMONWEALTH OF MASSACHUSETTS

TOWN OF TOLLAND
DOG LICENSE

May 1, 2010 thru April 30, 2011

Date: ____/____/____

Tag #: _____

Owner Name: _____

Street Address: _____

Mailing Address: _____
(If different than resident address)

Telephone No: _____

Name of Dog: _____ Breed: _____

Color: _____ Age: _____ Weight: _____ Sex: _____

Rabies Exp. Date: ____/____/____ (COPY MUST BE PROVIDED)

Spayed or Neutered: \$5.00 Intact: \$10.00
(Proof if new since last licensing)

License Fee Paid: \$_____ Cash/Check

Fine Paid: \$_____ Cash/Check

Rec'd by: _____ Date: ____/____/____

If mailing this in to Town Clerk your receipt & tags will be mailed.