



**TOWN CLERK
TOWN OF BRIMFIELD
21 Main St; PO Box 508
Brimfield, MA 01010**

www.brimfieldma.org
townclerk@brimfieldma.org

OFFICE HOURS
Mo, Tu, Tr: 5:00 PM - 8:00 PM
Sat: 8:30 AM - 11:30 AM
Other: by appointment

ph: 413-245-4100 x7

2017 DOG LICENSE APPLICATION

DUE DATE
March 31, 2017

LICENSING FEES:	
Non-spayed or -neutered	\$16.00
Spayed or neutered	\$8.00
Unlicensed Penalty	\$50.00+

**Our records indicate it is time to renew your dog license/s.
All dogs six month or older must be licensed.
Licenses are renewable yearly and are valid April 1 thru March 31.
Rabies vaccination must be current at the time of purchase.
Licenses are not transferable. Tag must be worn by licensed dog.**

ON-LINE

Register your dog on-line at www.doglicenses.us/MA/Brimfield. Credit card payment only. To access your pre-filled online form, use the the following Account ID and Password.

Account ID: _____ Password: _____

BY MAIL

Detach and complete the application below. Enclose a check or money order for the total payable to: **Town of Brimfield**. Please do not send cash. Mail to the Town Clerk.

IN PERSON

Licenses can be purchased at the office of the Town Clerk. Check, money order or cash accepted. Please bring the completed application with you.

The Town Clerk IS REQUIRED to have a copy of the rabies certificate on file for each licensed animal. We cannot mail out a dog tag without one. If you or your vet have not provided the office with a copy, you may deliver a copy by postal mail, email attachment, dropping it in the mailbox outside the Town Hall doors or stopping by during office hours.

----- detach, complete and return with payment -----

Color Codes: BL=Black; WH=White; GR=Gray; BD=Brindle; TA=Tan; BR=Brown; YE=Yellow; RE=Red; TRI=Tri-Color

APPLICATION for the registration of dog(s) for the year 2017

Town of Brimfield
21 Main St; PO Box 508; Brimfield, MA 01010

Age		Sex (M/F)	Spay / Neut	Color										Breed	Dog Name	Rabies Expiration	--- Office Use ---		Fee	
YRs	MOs			BL	WH	GR	BD	TA	BR	YE	RE	TRI	2016 License #				2017 License #			
																	Total			

By signing below, for each of the animals listed here, I certify that I am their owner and they have a current rabies vaccination.

Owner Information

Name: _____

Street Address: _____

Mailing Address: _____
if different (e.g. P.O. Box)

City: _____ State: _____ ZipCode: _____

Signature of Applicant _____

Date Signed _____

Phone # _____ Email _____

Deputy or Agent _____