

# 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 | Secondary Phone |       |     |

\_\_\_\_\_

## 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: \_\_\_\_\_

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>\$20.00</b>         | Female <b>\$20.00</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.**