

Dog License

Please print out this form and return to:

Springfield City Clerk
City Hall Room, Room 123
36 Court Street
Springfield, MA 01103-1683

Owner information:

Name of Owner:

First	Middle	Last
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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 anti-rabies vaccination from your veterinarian.

Annual License Fee:

Make check payable to **City of Springfield**

Male \$20.00	Female \$20.00
Neutered Male \$5.00	Spayed Female \$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 **\$5.00 per month for each month after June 1 of each year.**