

THIS DOG LICENSE APPLICATION IS A GENERIC NOTICE THAT THE CITY CLERK SENDS WITH ALL CENSUS MAILINGS. IF YOU DO NOT HAVE A DOG, OR HAVE PREVIOUSLY NOTIFIED US THAT YOU NO LONGER HAVE A DOG, PLEASE DISREGARD THIS NOTICE.

CITY OF PEABODY - 2013 DOG LICENSE APPLICATION

ATTENTION: All dogs 6 months of age or older are required by law (Chapter 140, Sec. 137, as amended) to be licensed on or before the 31st day of March every year. ALL LICENSE HOLDERS MUST BE 18 YEARS OF AGE AND OLDER. **FAILURE TO COMPLY IS PUNISHABLE BY A FINE OF \$25.00 FOR THE FIRST OFFENSE AND \$50.00 FOR SECOND AND SUBSEQUENT OFFENSES.**

RABIES: WE CANNOT LICENSE YOUR DOG WITHOUT A CURRENT RABIES CERTIFICATE. IF YOU OBTAINED A 2012 LICENSE, PLEASE CHECK YOUR PREVIOUS LICENSE TO ASCERTAIN WHAT RECORDS THE CITY CLERK'S OFFICE CURRENTLY HAS RECORDED REGARDING THE EXPIRATION OF YOUR DOGS RABIES VACCINATION. IF IT HAS EXPIRED WITHIN THE LAST LICENSING PERIOD, YOU MUST ENCLOSE A COPY OF A CURRENT RABIES CERTIFICATE. WE DO NOT KEEP RABIES CERTIFICATES - PLEASE SEND A COPY.

NOTE: IF YOU NO LONGER HAVE A DOG, PLEASE CALL THE CITY CLERK'S OFFICE AND WE WILL MARK OUR RECORDS ACCORDINGLY OR INDICATE BELOW BY RETURNING THIS FORM.. (978-538-5756)

Please fill out said form and return to the City Clerk with your check made payable to the City of Peabody.

DOG 1-----

Name of Owner or Keeper: _____

Address _____, Unit/Apt. _____ PEABODY, MA 01960

Home Phone: (978) _____ Work or Cell Phone: _____ Dog Name: _____

Breed: _____ Color(s): _____ Age: _____ Rabies Expiration Date: _____

SPAYED FEMALE (S) \$10.00 NEUTERED MALE (N) \$10.00 FEMALE (F) \$20.00 MALE (M) \$20.00

NOTE: PLEASE CHECK THE FOLLOWING: DOG IS DECEASED RENEWAL NEW LICENSE

DOG 2-----

Name of Owner or Keeper: _____

Address _____, Unit/Apt. _____ PEABODY, MA 01960

Home Phone: (978) _____ Work or Cell Phone: _____ Dog Name: _____

Breed: _____ Color(s): _____ Age: _____ Rabies Expiration Date: _____

SPAYED FEMALE (S) \$10.00 NEUTERED MALE (N) \$10.00 FEMALE (F) \$20.00 MALE (M) \$20.00

NOTE: PLEASE CHECK THE FOLLOWING: DOG IS DECEASED RENEWAL NEW LICENSE

DOG 3-----

Name of Owner or Keeper: _____

Address _____, Unit/Apt. _____ PEABODY, MA 01960

Home Phone: (978) _____ Work or Cell Phone: _____ Dog Name: _____

Breed: _____ Color(s): _____ Age: _____ Rabies Expiration Date: _____

SPAYED FEMALE (S) \$10.00 NEUTERED MALE (N) \$10.00 FEMALE (F) \$20.00 MALE (M) \$20.00

NOTE: PLEASE CHECK THE FOLLOWING: DOG IS DECEASED RENEWAL NEW LICENSE