

CITY OF PEABODY - DOG LICENSE APPLICATION

THIS DOG LICENSE APPLICATION IS A GENERIC NOTICE THE CITY CLERKS OFFICE SENDS WITH ALL CENSUS MAILINGS.
PLEASE DISREGARD IF YOU DO NOT HAVE A DOG

In order to license your dog(s) we will need the following:

1. A copy of a valid Rabies Certificate
2. **LICENSE FEES:** Male Neutered (N); Spayed Female (S) - **\$15.00**
Male (M); Female (F) - **\$25.00 (Checks made payable to the City of Peabody)**
- **PLEASE INCLUDE A SELF-ADDRESSED, STAMPED ENVELOPE W/\$0.75 CENTS POSTAGE IF YOU WISH TO HAVE YOUR LICENSE MAILED TO YOUR RESIDENCE. (ONE REGULAR FOREVER STAMP WILL NOT COVER POSTAGE COSTS)**
3. Please fill this form out with the information requested below
4. **OR** you have the option of licensing using the City's On-Line Payment Center at www.peabody-ma.gov
5. **OR** you have the option of licensing using the GoPetie app at --
<https://nextpets.gopetie.com/peabody.massachusetts/login>
(There may be an additional credit card/debit card service fee charged for options 4 and 5)

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 OR OLDER.

PLEASE PROVIDE AN UPDATED EMAIL ADDRESS, AS 2022 APPLICATIONS WILL BE EMAILED ONLY.

Name of Owner _____

Address _____ Unit/Apt _____ Peabody, MA 01960

Mailing Address _____ (if different)

Primary Contact No. _____ Email Address _____

Animal Clinic or Veterinary Hospital _____

Dog 1 Name: _____ Breed: _____

Color: _____ Age: _____

Rabies Expiration Date: ____/____/____ Sex: Male Neutered \$15.00 Female Spayed \$15.00
(Month) (Day) (Year) Male \$25.00 Female \$25.00 **(Please circle one)**

Please check if this dog is a RENEWAL NEW **(PLEASE REMIT PAYMENT INDICATED ABOVE)**

Dog 2 Name: _____ Breed: _____

Color: _____ Age: _____

Rabies Expiration Date: ____/____/____ Sex: Male Neutered \$15.00 Female Spayed \$15.00
(Month) (Day) (Year) Male \$25.00 Female \$25.00 **(Please circle one)**

Please check if this dog is a RENEWAL NEW **(PLEASE REMIT PAYMENT INDICATED ABOVE)**

Dog 3 Name: _____ Breed: _____

Color: _____ Age: _____

Rabies Expiration Date ____/____/____ Sex: Male Neutered \$15.00 Female Spayed \$15.00
(Month) (Day) (Year) Male \$25.00 Female \$25.00 **(Please circle one)**

Please check if this dog is a RENEWAL NEW **(PLEASE REMIT PAYMENT INDICATED ABOVE)**

IF YOU NO LONGER HAVE A DOG PLEASE FILL IN BELOW

OWNER NAME _____

DOG'S NAME _____