

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

**2016 DOG LICENSE  
TOWN OF POMFRET, VT**

**All dogs must be licensed yearly on or before April 1<sup>st</sup>.  
A valid and current rabies certificate is required for licensing.**

**Owner Information:**

Name of Owner(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Street address (if different from mailing): \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Dog Information:**

Name of Dog: \_\_\_\_\_

Name of Dog: \_\_\_\_\_

Sex: M or F    Neutered/Spayed: Yes or No

Sex: M or F    Neutered/Spayed: Yes or No

Color: \_\_\_\_\_

Color: \_\_\_\_\_

Breed: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Age: \_\_\_\_\_

Size: Small    Medium    Large

Size: Small    Medium    Large

\_\_\_\_\_  
**Owner's Signature**

\_\_\_\_\_  
**Date**

**Fees:**

	<u>Before April 1<sup>st</sup></u>	<u>After April 1<sup>st</sup></u>
Spayed/Neutered Dog:	\$10.00	\$12.00
Unaltered Dog:	\$14.00	\$18.00

Please print out this form and mail it to:

***Pomfret Town Clerk  
5218 Pomfret Road  
North Pomfret, VT 05053***

***For Town Clerk's Use:***

**Fee received: \$** \_\_\_\_\_

**Rabies Tag number:** \_\_\_\_\_ **Rabies Tag number:** \_\_\_\_\_

**Date shot given:** \_\_\_\_\_ **Date shot given:** \_\_\_\_\_

**Expiration date:** \_\_\_\_\_ **Expiration date:** \_\_\_\_\_

**Clerk's Signature:** \_\_\_\_\_ **Date issued:** \_\_\_\_\_