DOG LICENSE APPLICATION

Make check payable to the **Town of Lancaster** and mail with a self-addressed, stamped envelope:

Town of Lancaster 701 Main St Suite 2 Lancaster, MA 01523

Mailed submissions that do not include a SASE will be available for pick-up only.

<u>Dog Licenses will not be processed without a current rabies certificate.</u> Applications and fees will be returned if rabies certificate is expired, and could result in additional late fees and/or fines.

DOG LICENSE FEES	Spayed/Neutere \$10.00	ed	Intact \$20.00	Owners- Age 70+ No Fee
OWNER INFO	RMATION			
Name:		177	Phone #:	
E-mail:			50	
Physical Address:				TAXAXA N
Mailing Address (if differen	t from above):	2007	-557	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Veterinarian "Office" Nan	ne:			
DOG INFORMA	ATION			
Dog Name:			Br	eed:
Color:	D.O.B:	//_		e □ Female □ Neutered □ Spayed
Dog Name:	The state		Br	eed:
Color:	D.O.B:	//_		e □ Female □ Neutered □ Spayed
Dog Name:		ž.	Br	reed:
Color:	D.O.B:	//_		e □ Female □ Neutered □ Spayed
Dog Name:			Br	reed:
Color:	D.O.B:	/ /	□ Male	e □ Female □ Neutered □ Spayed