

YOUR DOGS VACCINATION MUST BE UP TO DATE TO USE THIS FORM



To license by mail fill out this form and mail it to:

**City Hall Clerks Office
133 William Street
New Bedford, MA 02740**

Your name _____

Address _____ Phone # _____

1) Dog's name _____ Breed _____ Sex _____

Age _____ Vet's name _____ Is your dog neutered/spayed? Y N

2) Dog's name _____ Breed _____ Sex _____

Age _____ Vet's name _____ Is your dog neutered/spayed? Y N

If you answered "YES" to your dog being spayed/neutered - send proof of surgery.

Have you ever licensed before? Yes No If "YES" answer questions below.

What was the last year your dog was licensed? _____

For the above year, whose name and address was the dog licensed under?

Name _____ Address _____

IMPORTANT

Information that must be submitted with this form:

- 1) Proof of surgery for each dog if it has been neutered or spayed.
- 2) Proof of rabies vaccination for each dog
(any one of the following will be considered proof)
 - a) Copy of rabies certificate
 - b) A certified letter form a Veterinarian
 - c) A Veterinarian's bill with the rabies information on it

Return this form with a check or money order made out to "City of New Bedford"

\$20.00 for each dog IF NOT spayed or neutered.

\$10.00 for each dog IF spayed or neutered.