

**TOWN OF WAYLAND
TOWN CLERK'S OFFICE
41 COCHITUATE RD
WAYLAND, MA 01778
508-358-3630 508-358-3631**

Dog License Request Form

DOG OWNERS NAME: _____ (Please Print)

ADDRESS: _____

DOG OWNER TELEPHONE: _____

DOG OWNER EMAIL _____

DOG NAME: _____

GENDER: _____

AGE: _____

BREED: _____

COLOR: _____

RABIES TAG NUMBER: _____

RABIES EXPIRATION DATE: _____

(Must have a current rabies certificate before license can be issued by the Town)

VETERINARIAN: _____

Annual dog license fee required for all dogs six months of age or older. License renewals are due December 1st of each year. After January 15th a late fee of \$25.00 will be added. Please include a self-addressed stamped envelope, so your license can be mailed back to you. If you wish to receive email reminders please make sure to include your email address above.

(Please check appropriate box)

MALE _____ FEMALE _____ SPAYED FEMALE _____ NEUTERED MALE _____
(\$20.00) (\$20.00) (\$15.00) (\$15.00)

Checks should be made payable to: Town of Wayland