

# TOWN OF NEW BOSTON DOG LICENSE INFORMATION FORM

**OWNER INFORMATION:** (Please Print All Information)

<b>LAST NAME:</b>	<b>FIRST NAME:</b>	<b>OWNER DATE OF BIRTH:</b>	
<b>ADDRESS:</b>	<b>PHONE NO.:</b>		
<b>MAILING ADDRESS:</b>			
<b>DOG NAME:</b>	<b>BREED:</b>	<b>COLOR:</b>	<b>DOG DOB:</b>
Please check the appropriate box.	* Certificate <u>required</u> for spayed & neutered.		
<b>MALE [ ] NEUTERED [ ]</b>	<b>FEMALE [ ] SPAYED [ ]</b>	<b>DATE SPAYED/NEUTERED:</b>	
<b>RABIES TAG #:</b>	<b>RABIES EXP. DATE:</b>		
<b>For Office Use Only</b> <b>ASSIGNED DOG LICENSE NO.:</b> <b>DATE LICENSED:</b> <b>LICENSE FEE PAID: \$</b>			