

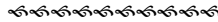
**OFFICE OF
THE TOWN CLERK
380 GREAT ROAD
STOW, MASSACHUSETTS 01775**

**TOWN OF STOW
2009 DOG LICENSE REQUEST FORM**



A FEW REMINDERS FROM TOWN OF STOW GENERAL BYLAWS, ARTICLE 6, SEC. 7 *

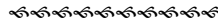
1. All resident dogs, six months and older must be licensed with the Town of Stow by January 31, 2009.
2. Licenses are \$10 each. Licenses issued after April 15th are subject to a Late Fine of \$25.00 *per* dog.
3. **An up-to-date rabies certificate must be on file with this office or provided at the time of licensing.**
4. Licenses are valid January 1, 2009- December 31, 2009.
5. Households with four dogs or more require a kennel license. Please contact the town clerk's office for fees.



Directions:

1. Fill out the information for each dog on the back of this form. Use separate sheet of paper if needed.
2. Make check payable to *Town of Stow* for the proper amount. **\$10.00 per dog license.** (Ex.2 dogs = \$20.00)
3. Send a copy of up-to-date rabies certificate or confirm that one is on file with the town clerk's office.
4. Send a self-addressed stamped envelope. The license tag(s) will be mailed to you.

Any requests without the proper fee or a current rabies certificate will be returned.



*Please notify this office if you no longer own a dog, if your dog is deceased
or if you have any questions, 978-897-4514 x 1.*

A rabies clinic will be held April 2, 2009, 6 p.m.- 8 p.m., at the Highway Barn, 88 South Acton Rd.

Thank you!

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PLEASE PRINT NEATLY

Dog's Name	Gender	Breed	Color	Age or Date of Birth	Vaccination Date	Rabies Expiration Date
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____

Households with four dogs or more require a Kennel License. Please contact the Town Clerk for fee information.

4. _____

List information for additional dogs on reverse or use separate sheet.

OWNER'S NAME:

TELEPHONE NUMBER:

STREET ADDRESS:

MAILING ADDRESS: (if different)

DATE:

NAME OF VETERINARIAN CLINIC: