Dog License Application

Please print out this form and return to:

Town Clerk
30 Providence Road
Grafton, MA 01519

Owner Information:

Name of
Owner_____
First Middle Last

Residence_____
Number Street Apt. # Zip

Dog Information:

Name of Dog _____

Sex_____
(Male? If neutered, please provide veterinarian certificate)
(Female? If spayed, please provide veterinarian certificate)

Color/s_____

Breed/s_____

Date of animal's birth_____
Month Day Year

Please include a copy of the veterinarian rabies vaccination certificate.
Annual License fee: Male **$10.00** Female **$10.00**
Neutered Male **$6.00** Spayed Female **$6.00**

Make check payable to the **Town of Grafton**.
Include a self-addressed stamped envelope.