



**City & Town Clerk's Office
245 deKoven Drive
Middletown, CT 06457**

DOG LICENSE

Please complete the information below, and mail this form, along with a valid rabies certificate and appropriate payment to our office.

(We will return your rabies certificate with your new dog tag.)

PLEASE PRINT ALL INFORMATION

Owners Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Dog's Name/Age/Breed: _____

Coloring & Markings: _____

Rabies Vaccination Expiration Date: _____

PLEASE CHECK ONE:

Spayed \$8.00 _____ Neutered \$8.00 _____

Female \$19.00 _____ Male \$19.00 _____

Make check payable to: **Town Clerk's Office**

Mail To:

**Town Clerk's Office
245 deKoven Drive Room 110
Middletown CT 06457**