

PLEASE COMPLETE THIS FORM & ENCLOSE A CHECK PAYABLE TO THE "CITY OF EASTHAMPTON", RABIES VACCINATION & SPAYING/NEUTERING PROOF
(if you have a new dog, or our information needs updating)
AND A SELF-ADDRESSED, STAMPED ENVELOPE
MAIL TO: CITY CLERK, 50 PAYSON AVE., EASTHAMPTON, MA 01027
We will mail your license(s) as soon as possible!

NAME OF OWNER: _____

ADDRESS: _____ **Phone Number:** _____

NAME OF YOUR VETERINARIAN: _____

Name of Dog #1: _____

Spayed Female (\$10): _____ Neutered Male (\$10): _____ Unspayed Female (\$15): _____
Unneutered Male (\$15): _____

Breed: _____ Age: _____

Color: _____

Date Rabies Vaccination expires _____

(please send a copy if a new dog or if our records need updating to a new date)

Name of Dog #2: _____

Spayed Female (\$10): _____ Neutered Male (\$10): _____ Unspayed Female (\$15): _____
Unneutered Male (\$15): _____

Breed: _____ Age: _____

Color: _____

Date Rabies Vaccination expires _____

(please send a copy if a new dog or if our records need updating to a new date)

Name of Dog #3: _____

Spayed Female (\$10): _____ Neutered Male (\$10): _____ Unspayed Female (\$15): _____
Unneutered Male (\$15): _____

Breed: _____ Age: _____

Color: _____

Date Rabies Vaccination expires _____

(please send a copy if a new dog or if our records need updating to a new date)

Name of Dog #4: _____

Spayed Female (\$10): _____ Neutered Male (\$10): _____ Unspayed Female (\$15): _____
Unneutered Male (\$15): _____

Breed: _____ Age: _____

Color: _____

Date Rabies Vaccination expires _____

(please send a copy if a new dog or if our records need updating to a new date)