

**TOWN OF WAYLAND TOWN CLERK'S OFFICE
508-358-3630 508-358-3631**

REQUEST FORM FOR DOG LICENSE

DOG OWNERS NAME: _____ (Please Print)

ADDRESS: _____

DOG OWNER TELEPHONE: _____

DOG NAME: _____

GENDER: _____

AGE: _____

BREED: _____

COLOR: _____

RABIES EXPIRATION DATE: _____ (enclose current certificate)

RABIES TAG NUMBER: _____

(Must have a current rabies certificate before license can be issued by the Town)

VETERINARIAN/HOSPITAL/CLINIC NAME _____

Annual dog license fee required for all dogs six months of age or older

(Please check appropriate box)

MALE _____ FEMALE _____ SPAYED FEMALE _____ NEUTERED MALE _____
(\$20.00) (\$20.00) (\$15.00) (\$15.00)

Checks should be made payable to the Town of Wayland and mailed with current rabies certificate to:

**TOWN CLERK'S OFFICE
41 COCHITUATE RD
WAYLAND, MA 01778**