

DOG REGISTRATION FORM

[Dog Licenses Due Annually by April 1st]

	CR INFORMATION (s):				
*Mailir	g Address:				
*Physic	eal Address (if differen	nt from above):			
	t Information	,			
*Phone	(required):				
Email (optional):				
DOG I	NFORMATION				
Name:		Age (yrs.):	Male 🔘	Female 🔘	
		(circle one) If yes - Date alter			
*Date o	f Rabies Vaccination	Expiration Da	te:Rabi	es Tag #	
Primary	Breed:	Color(s):			
Size:	Small (<20 lbs.)	Medium (22-50lbs)	Large (55-991	bs) Gia	nt (>99 lbs.))
<u>Licensi</u>		spayed/neutered dog(s) after intact dog(s) after	_		
* <mark>You</mark>	are required to provid	le a copy of the Rabies Certific	cate at time of lice	ensing. If they are	e up to date but we do
not h		te on file you may contact you			
	email us at: <u>m</u>	unicipalclerkmontgomery@g	<mark>mail.com</mark> or Fax a	copy to: 802-32	<mark>6-5053*</mark>
	Too	btain a NEW dog license or R	FNFW an existin	g one von may:	
	100			g one you may.	

- Register in person at the Town Office during office hours.
- Mail your Registration form, Rabies Certificates & check for the fees to: PO Box 356 Montgomery Ctr VT 05471.
- Submit your paperwork & check for the fees into our outdoor Drop-Box.
- Let "Residents" tab select "Make a Payment" select "Pay Taxes/Other" under the payment purpose fill in "Dog License".
- Registrations submitted via mail, drop-box, or email will be mailed to you within 3-5 business days.

Town Office: 326-4719 Fax number: 326-5053

Email address: municipalclerkmontgomery@gmail.com