

City of Waltham Office of the City Clerk 610 Main Street, Waltham, MA 02452 (781) 314-3120

ANNUAL DOG LICENSE

□ New Registration	□ Renewal
Date:	License No
First Owner Name:	
Second Owner Name:	
Owner's Email:	
Address:	
No. & Street Unit No. Mailing Address if Different:	City Zip Code
No. & Street	t Unit No. City Zip Code
Primary Phone:Se	condary Phone:
<u>Dog Information</u>	
Please select one:	
□ Male \$10.00	□ Neutered Male \$6.00
☐ Female \$10.00	☐ Spayed Female \$6.00
☐ Male Service Pet No Fee	□ Neutered Male Service Pet No Fee
☐ Female Service Pet No Fee	□ Spayed Female Service Pet No Fee
Dog's Name:	
Breed:	
Color:	
Date of Birth:	
Veterinary Clinic & Phone No.:	
Rabies Expiration Date:	Allergic to Rabies:
Microchip No:	
*All dogs must be licensed and vaccinated again penalties as described in M.G.L. Chapter 140. If yo expired, please enclose a copy of the new certific	ou are renewing and the rabies certificate has

OBEY THE LEASH LAW!

NO DOG SHALL BE PERMITTED ON ANY STREET OR PUBLIC PLACE IN WALTHAM WITHOUT EFFECTIVE RESTRAINT (General Ordinances Chapter 3, Art.II)

certificate if you are applying for the first time.