



# Town of Walpole Year 2012 Dog License

Licensing Period – January 1, 2012-March 1, 2012

**Sean Paul Ford-Withrow**  
**Animal Control Officer**  
508-660-7327

Town Hall  
135 School Street  
Walpole, Ma. 02081  
Phone (508) 508-660-7327

**TO OBTAIN OR RENEW A DOG LICENSE BY MAIL:** Fill out this form and return it with a self addressed stamped envelope and your check payable to The Town of Walpole to: **ANIMAL CONTROL, 135 SCHOOL STREET, WALPOLE, MA 02081.**

**EVIDENCE NEEDED:** Rabies Vaccination document showing the date of expiration, spay or neuter certificate. **All evidence will be returned to the dog owner.**

**YOU MUST INCLUDE A SELF ADDRESSED STAMPED ENVELOPE FOR THE RETURN OF YOUR TAG.** If you do not include the envelope, you will have to pick up your tag at the Animal Control Office. **Until you pick up the tag your dog will be considered unlicensed. If any information is missing from your application, your dog will be considered unlicensed until all necessary information is received.**

**In accordance with Town Bylaws, after March 1<sup>st</sup> of each year, dog owners shall be subject to a \$25.00 penalty for each unlicensed dog. This will be in addition to the license fee.**

### Owner/Dog Information

Owner's Name \_\_\_\_\_ Address: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dog's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_ Breed: \_\_\_\_\_

### Fees

Neutered Male \$15.00: \_\_\_\_\_ Male \$20.00: \_\_\_\_\_  
Spayed Female \$15.00: \_\_\_\_\_ Female \$20.00: \_\_\_\_\_  
4 Dog Kennel \$50.00: \_\_\_\_\_ 10 Dog Kennel: \_\_\_\_\_  
Over 10 Kennel \$200.00: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Rabies Expiration Date: \_\_\_\_\_ 2012 Walpole Tag Number: \_\_\_\_\_

**AFTER MARCH 1, 2012-LATE FEE \$25.00**  
**THIS LICENSE EXPIRES ON DECEMBER 31, 2012**

The Town of Walpole has accepted the following provision to Chapter 140, section 139:

**No fee shall be charged for a license for a dog owned by a person aged seventy years or over.**

### For Office Use Only:

Date Licensed: \_\_\_\_\_ In Person \_\_\_\_\_ Mail in \_\_\_\_\_ Date Mailed to Resident \_\_\_\_\_  
Fee Charged:\$ \_\_\_\_\_ Late Fee \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ 2012 Tag Number \_\_\_\_\_

