

**Town of West Stockbridge
Town Clerk's Office
Dog License Application**

Please return the completed application with payment to the
Town Clerk's Office
PO Box 163
West Stockbridge, MA. 01266

You must submit a copy of a valid rabies certificate with this application

Owner: _____

Address: _____

Telephone: _____ Is it unlisted: Y/N Email: _____

DOG #1

Male ___ Female ___ Neutered ___ Spayed ___

Dog's Name: _____

Breed: _____

Color[s]: _____

Age: _____

Vet. Name: _____

Ph. #: _____

Rabies Tag#: _____

Expiration Date: _____

DOG #2

Male ___ Female ___ Neutered ___ Spayed ___

Dog's Name: _____

Breed: _____

Color[s]: _____

Age: _____

Vet. Name: _____

Ph. #: _____

Rabies Tag#: _____

Expiration Date: _____

**Fee Schedule: Male/Female \$12.00 Spayed/Neutered \$6.00
ENCLOSED FEE with APPLICATION**