## **APPLICATION FOR NEW DOG REGISTRATION**

Plymouth Town Clerk Phone: 860-585-4039 Fax: 860-845-554

Owner's Name	
Street Address	
Telephone Number	
E-mail address	
Dog's Name	
Dog's Age	
Breed	
Color	
If your dog is new, was r following with this appli	ecently spayed or neutered, or received a rabies vaccination, please include the cation:
☐ Rabies Vaccination Ce	rtificate from the veterinarian
☐ Spayed/Neutered Cert	cificate from the veterinarian (if applicable)
FEE SCHEDULE (please o	heck one):
□ Male Unaltered \$ 19.0	□ Female Unaltered \$ 19.00
□ Male Neutered \$ 8.00	□ Female Spayed \$ 8.00
Please be aware that the	ere is a \$1.00 late fee penalty after June. Any questions please contact us.
Amount enclosed:	\$
Check payable to:	Plymouth Town Clerk

**Note:** Please include a self-addressed stamped envelope so we can mail you back the license and additional documents. Mail this application along with the appropriate copies and fees to:

Town Clerks Office Town of Plymouth 80 Main Street Terryville, CT 06786