

Town of Somers

Dog License Application

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Telephone Number: _____

Alternate Telephone Number: _____

E-Mail Address: _____

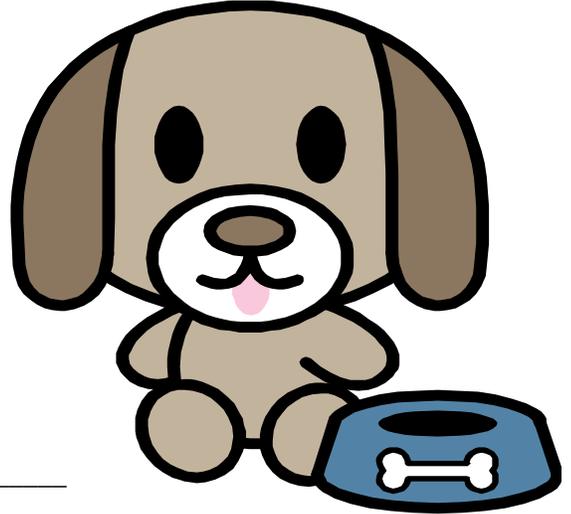
Dog's Name: _____

Predominant Breed: _____

Color: _____

Dog's Age: _____

Micro Chip (if applicable): _____



Fee Schedule: (Please check one)

- | | | |
|--------------------------|---------------|----------|
| <input type="checkbox"/> | Male/Female | \$ 19.00 |
| <input type="checkbox"/> | Male/Neutered | \$ 8.00 |
| <input type="checkbox"/> | Female/Spayed | \$ 8.00 |

Amount Enclosed: _____

Please mail a **copy** of the following with this application:

- Rabies Vaccination Certificate
- Spay/Neuter Certificate (if applicable)

NOTE: Applicants **must** include a self-addressed stamped envelope. Please mail this application to the Town Clerk's Office:

Town of Somers
Town Clerk's Office
POBox 308
Somers, CT 06071

If you should have any questions, please contact your Town Clerk, Ann Marie Logan at 860.763.8207 or by email: alogan@somerset.gov