TOWN OF HORNBY
APPLICATION FOR A DOG LICENSE

Type of License – Please Circle Desired Choices

1 year *– rabies vaccination must be valid until the end of next month*

2 year *– rabies vaccination must be valid until the end of next month plus one year*

3 year *– rabies vaccination must be valid until the end of next month plus two years*

Is this a: ***original*** *or* ***renewal*** *(circle one)*

My dog is: ***Male, neutered*** ***Male, unneutered*** *(circle one of the four choices)*

Female, spayed ***Female, unspayed***

If applying for a free dog license (age 65 and over), please circle this line and have your driver's license out for proof of age (limit one free dog license per person per year)

Owner Name: _____

Owner Address: _____

_____

Owner Phone #: _____

Dog Name: _____

Dog Breed: _____

Dog Color(s): _____

Dog's Year of Birth: _____