



TOWN OF STERLING

Office of the Town Clerk
 1 Park Street
 Sterling, MA 01564
 tel. 978-422-8111 x2307
 fax. 978-422-0289
 www.sterling-ma.gov/town-clerk

OFFICE HOURS
 Mon - Thu: 7:30 - 5:00
 Fri: 7:30 - 11:30

2019 DOG LICENSE APPLICATION AND RENEWAL FORM

DUE DATE
April 16, 2019

LICENSING FEES	
Non-altered	\$12.00
Altered (spayed or neutered)	\$8.00
Senior (70+) or Service	\$0.00
Late Penalty after DUE DATE	\$25.00

It is time to register or renew a license for your dog.
 If you no longer own your dog, please notify the Town Clerk's Office.

BY MAIL or DROP OFF

Complete the application form below, verifying owner information, street address, and pet description(s). Enclose the form in an envelope. Include rabies certificate and a check or money order for the total payable to **Town of Sterling**. Do not send cash. Mail to the Town Clerk or drop off 24/7 at the grey box outside the Butterick Municipal Building at 1 Park Street.

IN PERSON

Come to the Office of the Town Clerk during office hours. Please bring rabies certificate and the completed application with you.

ON-LINE

Purchase or renew licenses online at www.doglicenses.us/MA/Sterling. Credit card payments only. Per license convenience fee applies. Rabies certificates are required and may be mailed, faxed or emailed to AsstTownClerk@sterling-ma.gov.

All dogs six months or older located within the Town of Sterling must be licensed. Licenses are renewable yearly. Licenses are valid January 1 thru December 31. **No license is issued for a dog not having a current rabies vaccination.** To have your license(s) mailed to you, please include \$2.00 for postage and handling, or you may pick up at the Clerk's Office. Purchased licenses are non-refundable. Licenses are not transferable from one dog to another. Tags must be worn by dogs. If you lose your dog, please contact **Animal Control at 978-422-7331 or AnimalControl@sterling-ma.gov**.

Color Codes: BL=Black; WH=White; GR=Gray; BD=Brindle; TA=Tan; BR=Brown; YE=Yellow; RE=Red; TRI=Tri-Color

APPLICATION for the registration of dog(s) for the year 2019

Age		Sex (M/F)	Spay / Neut	Color										Breed	Dog Name	Microchip	Rabies Expire (m/d/y)	Fee
YRs	MOs			BL	WH	GR	BD	TA	BR	YE	RE	TRI						

Owner Information

Name: _____
 Street Address: _____
 Mailing Address: _____
if different (e.g. P.O. Box)
 City: _____ State: _____ ZipCode: _____

By signing below, for each of the animals listed here, I certify that I am their owner and they have a current rabies vaccination.

<input type="checkbox"/> Mail me my tags	\$2.00
Total	

Signature of Applicant _____
 Date Signed _____
 Phone 1 _____ Phone 2 _____
 Email _____