TOWN OF NORTHBRIDGE

OFFICE OF THE TOWN CLERK

TOWN HALL - 7 MAIN STREET

WHITINSVILLE, MASSACHUSETTS 01588

Doreen A. Cedrone, Town Clerk
Linda B. Zywien, Assistant Town Clerk

IT'S TIME TO GET MY 2019 DOG LICENSE!!!

Dogs that are six (6) months of age or older that reside in the Town of Northbridge must be licensed by May 31st. **A $10 late fee** (per family) will be applied for licenses obtained **after May 31st** (other than for new dogs).

THERE ARE THREE WAYS TO OBTAIN YOUR DOG'S LICENSE...

***In person** at the Town Clerk's office. **Be sure to bring a current rabies vaccination certificate**. The Clerk's office is open on Mondays from 8:30 a.m. to 7:00 p.m.; Tuesdays thru Thursdays from 8:30 a.m. to 4:30 p.m.; and Fridays from 8:30 a.m. to 1:00 p.m.

or

***By mail**. Just complete and mail this form to the Clerk's office. Along with the form, we need a **current rabies vaccination certificate** and proof of spaying/neutering. Be sure to enclose a check made payable to the **Town of Northbridge** for the proper fee with your request. We will process your request and mail the license back to you.

or

***On Line**. Access our website (northbridgemass.org); click on Departments, then Town Clerk. A quick link on the Clerk's page will take you to our online payment center. **This option can be used to license or relicense your dog, ONLY if you know that the Clerk has the current rabies certificate**, as well as proper spay/neuter info, for your dog.

The license fees are as follows: Neutered/Spayed dogs $6.00 Male/Female (Unaltered) dogs $10.00

****A COPY OF A CURRENT RABIES VACCINATION CERTIFICATE IS REQUIRED FOR ALL DOG LICENSES****

DOG LICENSE BY MAIL

Dog Owner's Information:

Name:_____ **Address:**_____

Tel: _____ **Veterinarian:**_____

Email: _____

Dog Information: _____ _____ Male___ Neutered___ Female___ Spayed___
Name **Breed**

_____ _____
Age or Date of Birth **Color**

Dog Information: _____ _____ Male___ Neutered___ Female___ Spayed___
Name **Breed**

_____ _____
Age or Date of Birth **Color**

Dog Information: _____ _____ Male___ Neutered___ Female___ Spayed___
Name **Breed**

_____ _____
Age or Date of Birth **Color**

Note: Ownership of four dogs or more requires a **Kennel License**. Please contact the Town Clerk at 508-234-2001.