

**CITY OF MELROSE  
CITY CLERK'S OFFICE  
CITY HALL, 562 MAIN ST., MELROSE, MA 02176 (781-979-4114)**

PLEASE **READ AND FOLLOW** THESE INSTRUCTIONS IN ORDER TO AVOID CONSIDERABLE COST TO YOU AT A LATER DATE.

1. BY STATE LAW, ALL OWNERS/KEEPERS OF DOG(S) MUST LICENSE THEIR DOG(S) **BEGINNING JANUARY 2 OF EACH YEAR**. IT MAKES NO DIFFERENCE IF THE DOG NEVER LEAVES YOUR PROPERTY, YOU MUST LICENSE YOUR DOG(S) (**MGL Chapter 140, Sect. 137**)
2. ANY PERSON WHO BECOMES THE OWNER/KEEPER OF A DOG SIX MONTHS OLD OR OLDER DURING ANY LICENSE PERIOD SHALL CAUSE IT TO BE LICENSED. LICENSES CANNOT BE ISSUED TO PERSON(S) UNDER 18 YEARS OF AGE. (**MGL Chapter 140, Sect. 137**) **PENALTIES FOR FAILURE TO LICNESE YOUR DOG IS \$15.00.**
3. YOU MUST PROVIDE A **CURRENT RABIES VACCINATION CERTIFICATE.**
4. **FEES FOR DOG LICENSE. SELECT WHICH DESCRIBES YOUR DOG(S).**  
INTACT DOGS: \$23.00  
NEUTERED OR SPAYED \$20.00
5. **IF THE LICENSE IS LOST DURING THE CURRENT LICENSE YEAR, A SUBSTITUTE LICENSE WILL BE ISSUED AT A COST OF \$5.00.**
6. ON **MARCH 16<sup>TH</sup>**, USING A COMPUTERIZED LIST, THE ANIMAL CONTROL OFFICER WILL BEGIN CHECKING AS TO WHICH DOGS ARE NOT YET LICENSED. THERE WILL BE A **\$15.00 FINE FOR ANY DOG(S) NOT LICENSED.**
7. IN ORDER TO AID THE ANIMAL CONTROL OFFICER AND IDENTIFY YOUR DOG(S) SHOULD IT BECOME LOST, YOU MUST CAREFULLY LIST THE BREED OF DOG YOU OWN, COLOR OF DOG AND THE DOG(S) BIRTHDAY.
8. MAKE YOUR **CHECK/MONEY ORDER PAYABLE TO THE CITY OF MELROSE. (NO CASH BY MAIL)**
9. **YOU MUST INCLUDE A STAMPED SELF-ADDRESSED #10 ENVELOPE FOR THE RETURN OF YOUR DOCUMENTS.**

**APPLICATION FOR DOG LICENSE**

**PLEASE PROVIDE THE FOLLOWING INFORMATION (PLEASE PRINT)**

Rabies Vaccination issued on \_\_\_\_\_ Rabies expires on \_\_\_\_\_  
**(PROOF MUST BE SHOWN OR SUBMITTED-ATTACH RABIES CERTIFICATE)**

OWNER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street #) (Street Name) (Apt #) (City) (Zip Code)

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

NAME OF DOG \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

BREED OF DOG \_\_\_\_\_ MALE \_\_\_\_\_ Neutered \_\_\_\_\_ FEMALE \_\_\_\_\_ Spayed \_\_\_\_\_

COLOR \_\_\_\_\_ OWNERS SIGNATURE \_\_\_\_\_

**Disposition of Dog**

**This is to certify that the following description of a dog, formerly owned by me has in fact:**

DIED \_\_\_\_\_ NEW OWNER \_\_\_\_\_ OTHER \_\_\_\_\_ BREED \_\_\_\_\_

**Name and address of the new owner if a City of Melrose resident.**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_