

DOG LICENSE APPLICATION

OFFICE OF THE TOWN CLERK, MADISON, CT



Please complete the information below. Return form in person or by mail with a valid rabies certificate and appropriate payment to our office. Rabies certificate will be returned with your new dog tag.

Owner's Name: _____

Address: _____

Telephone: _____ Cellphone: _____

Email address: _____

Dog Name: _____

Dog Color: _____ Predominate Breed: _____

Dog Age: _____ Chip Number: _____

Fee Schedule: (Please check one)

Male/Female \$19.00

Male, Neutered \$8.00

Female, spayed \$8.00

Late Fee \$ _____ (\$1.00/month for dogs licensed after June 30th)

Amount Enclosed \$ _____

Check payable to "Madison Town Clerk"

Mailing address: 8 Campus Drive, Madison, CT 06443

Please include a self-addressed stamped envelope with extra postage for return of dog tags.

Telephone: (203)245-5672

FAX (203) 245-5675

TTY (203) 245-5638

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