



# Town Clerk's Office

300 MAIN STREET WELFLEET MASSACHUSETTS 02667  
Tel (508) 349-0301 Fax (508) 349-0317 [www.wellfleet-ma.gov](http://www.wellfleet-ma.gov)

## Mail in Dog License Form for 2017

1. Copy of current rabies certificate
2. Copy of Spaying/Neutering certificate (if not noted on rabies certificate)
3. **STAMPED, self-addressed envelope (license will be held in office if not enclosed)**
4. Check made payable to: Town of Wellfleet

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Owner's name: \_\_\_\_\_

Wellfleet street address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

1<sup>ST</sup> Dog's name: \_\_\_\_\_ Age of dog: \_\_\_\_\_

Breed of dog: \_\_\_\_\_ Color: \_\_\_\_\_

Crate(s): YES \_\_\_\_\_ NO \_\_\_\_\_

Male \$10.00 \_\_\_\_\_ Neutered male \$5.00 \_\_\_\_\_

Female \$10.00 \_\_\_\_\_ Spayed female \$5.00 \_\_\_\_\_

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2<sup>ND</sup> Dog's name: \_\_\_\_\_ Age of dog: \_\_\_\_\_

Breed of dog: \_\_\_\_\_ Color: \_\_\_\_\_

Crate(s): YES \_\_\_\_\_ NO \_\_\_\_\_

Male \$10.00 \_\_\_\_\_ Neutered male \$5.00 \_\_\_\_\_

Female \$10.00 \_\_\_\_\_ Spayed female \$5.00 \_\_\_\_\_

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3<sup>RD</sup> Dog's name: \_\_\_\_\_ Age of dog: \_\_\_\_\_

Breed of dog: \_\_\_\_\_ Color: \_\_\_\_\_

Crate(s): YES \_\_\_\_\_ NO \_\_\_\_\_

Male \$10.00 \_\_\_\_\_ Neutered male \$5.00 \_\_\_\_\_

Female \$10.00 \_\_\_\_\_ Spayed female \$5.00 \_\_\_\_\_

**Mail payment to: Wellfleet Town Clerk, 300 Main Street, Wellfleet, MA 02667**