

**TOWN OF SAUGUS
OFFICE OF THE TOWN CLERK**

In accordance with the provisions of section 1 & 2 of Chapter 596 of the General Laws, License is hereby issued to the person named below to keep the dog herein described for one year from the first day of April 2011. Said dog is numbered and registered as required by said laws, for which the required payment has been paid.

THIS LICENSE EXPIRES MARCH 31, 2012

This license is granted subject to the conditions that the dog herein described shall be controlled and restrained from killing, chasing or harassing livestock or fowls.

“The owner or keeper of a licensed dog shall cause it to wear around its neck or body a collar or harness...to which shall be securely attached to tag.”

The Town of Saugus has adopted By-Laws calling for a 24-hour Leash Law and **A LIMIT OF THREE DOGS PER HOUSEHOLD.**

LICENSE FEES:

Male Neutered/Female Spayed.....	\$12.00
Male Un-Neutered/Female Un-Spayed.....	\$15.00
LATE FEE	\$20.00

A \$20.00 late fee will be charged in addition to the licensing fee if you license your dog after June 30^h.

PLEASE COMPLETE THE APPLICATION BELOW WHICH IS PROVIDED FOR YOUR CONVENIENCE AND CAN BE HAND CARRIED TO THE TOWN CLERK'S OFFICE OR MAILED TO: Town Clerk, 298 Central Street, Saugus, MA 01906. PLEASE BRING OR MAIL THE LICENSE APPLICATION ALONG WITH THE LICENSING FEE (CHECKS SHOULD BE MADE PAYABLE TO THE TOWN OF SAUGUS) AND **A COPY OF A CURRENT VALID RABIES CERTIFICATE AND PROOF THAT THE ANIMAL HAS BEEN SPAYED OR NEUTERED.**

IF MAILING, PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE OR WE WILL BE UNABLE TO RETURN THE LICENSE AND TAG TO YOU.

IF YOU FAIL TO PROVIDE ANY OF THE REQUIRED INFORMATION WITH YOUR APPLICATION WE WILL BE UNABLE TO PROCESS YOUR LICENSE, THEREFORE RETURNING THIS APPLICATION TO YOU. THANK YOU FOR YOUR COOPERATION AND EFFORT IN THIS MATTER.

For official use only: # _____

**DOG LICENSE APPLICATION
2011**

Owners Name: _____

Owners Address: _____ Telephone: _____

Name of Dog: _____ Dog's Breed: _____

Color: _____ Age: _____

Rabies Vaccination Expiration Date: _____

(Copy Enclosed)