

Medford, Ma. O2155

Office of the City Clerk City of Medford 85 George P. Hassett Dr. Rm 103 Medford, Massachusetts 02155 781-393-2425

## DOG LICENSE

			requi		RD RESIDENTS are their dog(s) annually.	
OWNER IN Name:	FO:					
Tvaine.	9	First		Last		
Address:		Street Nan	ne	Apt.#	Zip	
Home Phone:			Work P	hone:		
Email:						
Dog Info: Name:						
Sex:		(Male? Fer Please incl	nale? Neutered Male ude original certifica			
			C1		O:I	
	Predom	nant	Secondary		Other	
Breeds:Predominant		nant	Secondary		Other	
			ate must accompar		tion.	
Vet Name:						
Date of Rabie	s Shot: _		_ Expiration Date	e:		
Annual Licens		Male \$15.00 Female \$15.00	Neutered Male Spayed Female\$			
Payments:	Cash or	Checks, payable to	o the City of Medfor	d (no credit car	ds accepted)	
	ord City C n 103, City eorge P. H	Hall		Teleph Fax Email:	one 781-393-2425 781-391-1895 ahurtubise@medford-	

ma.gov