

Town of Bedford Dog License Application

New License License #:	Renewal Indicate License #:				Cancellation Reason:				
Last Name:	Firs	First:							
Street Address:				Phone #:					
City:				S	State: Z		Zip	Code:	
Name of Dog:				Yea	Year of Birth:				
Breed:				Co	Color(s):				
☐ Male ☐ Female	Mark	ings:			Tattoo or chip			:	
Required: Enclose a copy of I	Date Vaccinated:			ed:		Vaccination: ☐ 1-Year ☐ 3-Year			
Veterinary Hospital:									
Include:									
Check appropriate box Fee □ Neutered/Spayed \$ 20 □ Un-Neutered/Un-Spayed. \$ 25 Exemption – No Fee (Guide, War, Police, Hearing, Service Dogs)		 This completed form Rabies Certificate from veterinarian Appropriate fee (listed at left) (make check payable: Town of Bedford) Mail or Bring ALL to: Town Clerk							
Owner's Signature:			Clerk's	Clerk's Signature:					
Date:			Date:						