TOWN OF STOUGHTON Pet Licence Application

Pet Own	er's Name:										
Email:											
Email: Mailing Address:					Civic Address:						
	act Numbers:				-						
	Name	Male or Female	Breed	Age (as of today)	Description	Spayed or Neutered	Micro- Chipped	Rabies Vaccine	Licence #	Fee \$	
Dog or Cat											
Dog or Cat											
Dog or Cat									*		
Dog or Cat											
					Date						

Pet Owner's Signature

Annual Renewal:

Renewal Year	License Numbers	Fee	Receipt #	Date	Pet Owner's Signature	Town of Stoughton Staff Initials
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