

MAIL IN FORM FOR DOG LICENSE

Your Name: _____

Address: _____

Email Address: _____

Telephone Number: _____

Dog's Name: _____

Color, Breed, and Age: _____

Name & Phone Number of Vet: _____

(Circle one): Neutered Male Spayed Female
 Unaltered Male Unaltered Female

Please include:

- Copy of Rabies Certificate (if not on file in our office or if expired);
- Copy of Spayed/Neutered Certificate if registering a new dog;
- Check or money order payable to Wolcott Town Clerk (see fees below);
- **Self Addressed Stamped Envelope.**

Fees for June and July:

\$8.00* Neutered Male/Spayed Female
\$19.00* Unaltered Male/Female

***There are late fees if you license after July**

- Send Request To -
Wolcott Town Clerk
10 Kenea Avenue
Wolcott, CT 06716

Please call the Town Clerk's Office at 203-879-8100 if you have any questions.