

A Valid anti rabies vaccination certificate must accompany this application.

Vet Name - _____ Phone#: _____

Date of Rabies Shot: _____ Expiration Date: _____

Name: _____

Sex: _____ (Male? Female? Neutered Male? Spayed Female?)
Please include original certificate of spaying or neutering from vet.

Colors: _____
Predominant Secondary Other

Breeds: _____
Predominant Secondary Other

Age of Dog: _____

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Annual License Fee: Kennel (4) Dogs \$50 Kennel (5-10) Dogs \$100
Kennel (11-25) Dogs \$200 Kennel (26+) \$300

Payments: Cash or Checks, payable to the City of Everett, Credit Cards now accepted

Mail to: Everett City Clerk
Room 10, City Hall
484 Broadway, Everett MA 02149

Telephone 617-394-2225