



TOWN OF BEDFORD DOG LICENSE APPLICATION

Date: _____

Owner Name: _____

Owner Address: _____

Telephone: _____

Email: _____

Dog's Name: _____

Male Female Neutered Male Spayed Female

Date of Birth: _____

Breed: _____ Color: _____

Veterinary Hospital: _____

Veterinarian Address: _____

Rabies Vaccine Expires: ____/____/____ (please include a copy of the rabies certificate)

Fees (cash or check only): 1 year 2 years 3 years
 \$15/dog \$18/dog \$25/dog

Kennel Fees (1 year): \$60 \$100
 4-9 dogs 9+ dogs

Highlights of Dog Bylaw – General Bylaws – Article 42

- All dogs must be vaccinated and licensed after three months of age with the Town of Bedford. There are special regulations for vicious dogs.
- All dogs must not be allowed to roam "at large". They must be restrained at all times or on effective voice command with a leash in hand, when off their premises.
- There will be a fine for impoundment of dogs, when picked up "at Large".
- All owners of dogs that produce nuisance by barking, howling oestrus cycle, causing damage to property, litter and biting will be subject to citation and fine.

Reminder! The registration period is June 1st-August 31st. Dog licenses are valid September 1st - August 31st. There will be a late fine assessed for each dog licensed after August 31st. This will apply only to those on the list from the previous registration year. New registrations are always welcome anytime during the year!

Copies of the Animal Control bylaw are available in the Office of the Town Clerk. Any questions, please call (781) 275-0083 or email clerk@bedfordma.gov during usual business hours.

(For more than 1 dog, see back of page)

Dog's Name: _____

Male Female Neutered Male Spayed Female

Date of Birth: _____

Breed: _____ Color: _____

Veterinary Hospital: _____

Veterinarian Address: _____

Rabies Vaccine Expires: ____/____/____ (please include a copy of the rabies certificate)

Fees (cash or check only): 1 year 2 years 3 years
 \$15/dog \$18/dog \$25/dog

Dog's Name: _____

Male Female Neutered Male Spayed Female

Date of Birth: _____

Breed: _____ Color: _____

Veterinary Hospital: _____

Veterinarian Address: _____

Rabies Vaccine Expires: ____/____/____ (please include a copy of the rabies certificate)

Fees (cash or check only): 1 year 2 years 3 years
 \$15/dog \$18/dog \$25/dog

Dog's Name: _____

Male Female Neutered Male Spayed Female

Date of Birth: _____

Breed: _____ Color: _____

Veterinary Hospital: _____

Veterinarian Address: _____

Rabies Vaccine Expires: ____/____/____ (please include a copy of the rabies certificate)

Fees (cash or check only): 1 year 2 years 3 years
 \$15/dog \$18/dog \$25/dog