

# TOWN OF CHARLESTON VT - DOG LICENSE FORM

Please mail this form with payment and veterinarian certificates to:

Charleston Town Clerk

5063 VT Route 105

West Charleston, VT 05872

(can also be dropped off at Town Clerk's – secure dropbox outside door)

Owner Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address if different: \_\_\_\_\_

Telephone number \_\_\_\_\_

**Dog information**

	Dog 1	Dog 2	Dog 3
<b>Name</b>			
<b>Age</b>			
<b>Size (S, M or L)</b>			
<b>Male or Female?</b> <i>circle one</i>	M      F	M      F	M      F
<b>Spayed/Neutered?</b> <i>circle one</i>	Yes      No	Yes      No	Yes      No
<b>Color(s)</b>			
<b>Dominant Breed</b> <i>(Looks like...)</i>			

Number of Spayed/Neutered Dogs \_\_\_\_\_ x \$9.00 = \$ \_\_\_\_\_

Number of intact dogs \_\_\_\_\_ x \$13.00 = \$ \_\_\_\_\_

**License fees after April 1st:  
neutered \$11.00 / unneutered \$17.00**

Total enclosed \$ \_\_\_\_\_

*Please make check payable to Town of Charleston*

**For each dog, please include current rabies certificate  
and proof of neutering if applicable**

(unless you have verified that the town office already has this on file).

Need your copies back? Please return certificates to me:    Yes     No

**License will be mailed to you. Thank you!**

Questions? Please call the Clerk's Office 895-2814