**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** |
| **Name** |  |  |  |
| **Age** |  |  |  |
| **Size (S, M or L)** |  |  |  |
| **Male or Female?** *circle one* | M F | M F | M F |
| **Spayed/Neutered?**  *circle one* | Yes No | Yes No | Yes No |
| **Color(s)** |  |  |  |
| **Dominant Breed** *(Looks like…)* |  |  |  |

Number of Spayed/Neutered Dogs \_\_\_\_\_\_\_\_\_\_ x $11.00 = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of intact dogs \_\_\_\_\_\_\_\_\_\_ x $15.00 = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License fees after April 1st:   
neutered $13.00 / unneutered $19.00

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 □