



TOWN OF EASTHAM

2500 State Highway, Eastham, MA 02642 - 2544
 All departments 508 240-5900 Fax 508 240-1291
www.eastham-ma.gov

HOUSEHOLD KENNEL LICENSE APPLICATION

Please complete and return this form with the fee of \$50.00 to the Town Clerk's office. Make checks payable to the Town of Eastham and remit this completed renewal form by April 17, 2018.

All renewal kennel applications must be renewed by April 17, 2018 or they will be subject to a \$50.00 fine and may be considered expired. New applications are subject for approval by the Board of Selectmen.

Licenses cannot be issued without proof of current rabies vaccination for each dog.

Name of Owner: _____ Phone Number: _____

Business Name: _____

Street Address: _____

Mailing address (if different): _____

1. Dog's name	2. Dog's name
Breed _____ Age: _____	Breed _____ Age: _____
Color _____	Color _____
Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed F <input type="checkbox"/>	Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed F <input type="checkbox"/>
Rabies Expiration _____	Rabies Expiration _____
3. Dog's name	4. Dog's name
Breed _____ Age: _____	Breed _____ Age: _____
Color _____	Color _____
Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed F <input type="checkbox"/>	Male <input type="checkbox"/> Neutered Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed F <input type="checkbox"/>
Rabies Expiration _____	Rabies Expiration _____

Dogs covered by this license must be domiciled at this address and are subject to the conditions that the dogs here-in described shall be controlled and restrained from killing, chasing or harassing livestock or fowl.