



City of Lynn, Commonwealth of Massachusetts APPLICATION ~~ DOG LICENSE

(Please print all information)

Owner's Name (Please Print) _____

Owner's Date of Birth _____

Owner's Street Address _____

Owner's City, State, Zip _____

Owner's Telephone Number _____

Name of Dog _____

Dog's Date of Birth (Age) _____

Breed _____

Color _____

Check applicable boxes Male Neutered Female Spayed

❖ A copy of *Rabies Certificate* and, if applicable, *proof that dog has been altered* must be enclosed along with *application*, as well as *check* made payable to "City of Lynn" and *self-addressed stamped envelope*. Mail to: Lynn City Hall, City Clerk's Office, Rm. 201, 3 City Hall Square, Lynn, MA 01901

PLEASE NOTE

1. Penalties for violations of leash law are \$25 for 1st offense, \$50 for each subsequent offense.
2. Complaints concerning dogs should be made to Animal Control under M.G.L. Chap. 140 § 157 at 781-477-7080.
3. All dogs that have attained the age of six (6) months or older must be vaccinated. A copy of Rabies Certificate must be enclosed.

OFFICE USE ONLY

Rabies Certificate Enclosed

If applicable, proof that dog has been spayed enclosed

Check made payable to "City of Lynn" – (\$4.00 per dog, \$7.00 if female not spayed)

Enclosed Self-Addressed Stamped Envelope

Paid by: Cash Check
Clerk's Initials: _____