



TOWN OF EASTHAM

2500 State Highway, Eastham, MA 02642 - 2544
 Town Clerk • 508 240-5900 • Ext 3226 • Fax 508 240-1291
www.eastham-ma.gov



2026 HOUSEHOLD KENNEL LICENSE APPLICATION

Please complete and return this form with the fee of **\$10.00 (\$15.00 for intact) per dog** to the Town Clerk's office by **March 15, 2026**. Make checks payable to the Town of Eastham. If renewals are not received by this date, they will be subject to a \$50.00 fine and may be considered expired.

New applications are subject to approval by the Animal Control Officer.

NOTE: Licenses cannot be issued without proof of current rabies vaccination for each dog listed below. Please make sure to enclose copies with your application.

Name of Owner: _____ Phone Number: _____
 Street Address: _____

 Mailing Address: _____

 Email Address: _____

1. Name:		2. Name:	
Breed:	Age:	Breed:	Age:
Color:		Color:	
<input type="checkbox"/> Male	<input type="checkbox"/> Neutered Male	<input type="checkbox"/> Male	<input type="checkbox"/> Neutered Male
<input type="checkbox"/> Female	<input type="checkbox"/> Spayed Female	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed Female
Rabies Expiration:		Rabies Expiration:	

3. Name:		4. Name:		5. Name:	
Breed:	Age:	Breed:	Age:	Breed:	Age:
Color:		Color:		Color:	
<input type="checkbox"/> Male	<input type="checkbox"/> Neutered Male	<input type="checkbox"/> Male	<input type="checkbox"/> Neutered Male	<input type="checkbox"/> Male	<input type="checkbox"/> Neutered Male
<input type="checkbox"/> Female	<input type="checkbox"/> Spayed Female	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed Female	<input type="checkbox"/> Female	<input type="checkbox"/> Spayed Female
Rabies Expiration:		Rabies Expiration:		Rabies Expiration:	

The dogs herein described, and covered by this license, must be domiciled at the street address stated above and shall be controlled and restrained from killing, chasing or harassing livestock or fowl.