



# TOWN OF EASTHAM

2500 State Highway, Eastham, MA 02642 - 2544  
 Town Clerk • 508 240-5900 • Ext 3223 • Fax 508 240-1291  
[www.eastham-ma.gov](http://www.eastham-ma.gov)

## 2022 HOUSEHOLD KENNEL LICENSE APPLICATION

Please complete and return this form with the fee of **\$50.00** to the Town Clerk's office by **March 15, 2022**. 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: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

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