



CITY OF GREENFIELD

Kathryn Scott, City Clerk
14 Court Square, Rm 104
Greenfield, MA 01301
tel. 413-772-1555
cityclerk@greenfield-ma.gov

OFFICE HOURS
 Mon - Fri: 9:00am - 4:00pm

DOG LICENSE APPLICATION, RENEWAL AND REMINDER FORM

DUE DATE
March 31, 2024

LICENSING FEES	
Non-altered	\$15.00
Altered (spayed or neutered)	\$10.00
Replacement tag	\$3.00
Late Penalty applied on June 1st	\$25.00

If you own a dog, it is time to register or renew your dog license.
 If you no longer own your dog, please notify the City Clerk's Office.

BY MAIL or DROP OFF

Complete the application form below, verifying that the information is correct. Please return the form including a current rabies certificate and a check or money order for the total amount due payable to the **City of Greenfield** either by mail or in the secure drop box located at the top of the accessibility ramp at City Hall.

IN PERSON

Come to the Office of the City Clerk during office hours. Please bring rabies certificate and this completed application with you.

ON-LINE

Purchase or renew licenses online at **www.doglicenses.us/MA/Greenfield**. Credit card payments only. Per license convenience fee applies. Rabies certificate(s) must be attached to the order during check-out.

Account ID: _____ Password: _____

All dogs six months or older located within the City of Greenfield must be licensed. Licenses are renewable annually and are valid January 1 thru December 31. **No license is issued for a dog not having a current rabies vaccination.** The license fee is waived for service dogs. These should be applied for in person or by mail and the application must include valid proof of rabies vaccination. Purchased licenses are non-refundable and non-transferable. Tags must be worn by dogs at all times. If your dog should become lost, please contact the Animal Control Officer at 413-773-5411.

Color Codes: BL=Black; WH=White; GR=Gray; BD=Brindle; TA=Tan; BR=Brown; YE=Yellow; RE=Red; TRI=Tri-Color

APPLICATION for the registration of dog(s) for the year 2024

City of Greenfield
 14 Court St, Rm 104; Greenfield, MA 01301

Age		Sex (M/F)	Spay / Neut	Color										Breed	Dog Name	Microchip	Rabies Expire (m/d/y)	Fee
YRs	MOs			BL	WH	GR	BD	TA	BR	YE	RE	TRI						

By signing below, for each of the animals listed here, I certify that I am their owner and they have a current rabies vaccination.

<input type="checkbox"/> Mail me my tags	\$1.00
Total	

Owner Information

Name _____
 Street Address _____
 Mailing Address _____
if different (e.g. PO Box)
 City _____ State _____ ZipCode _____

Signature of Applicant _____
 Date Signed _____
 Phone 1 _____ Phone 2 _____
 Email _____