

### TOWN OF HANOVER

Catherine Harder-Bernier, Town Clerk 550 Hanover Street, Suite 10 Hanover, MA 02339 tel. 781-826-5000 x1079 www.hanover-ma.gov

**OFFICE HOURS** Mon-Fri: By Appointment

#### 2025 DOG LICENSE APPLICATION AND RENEWAL FORM

# **DUE DATE** March 31, 2025

| LICENSING FEES                      |         |
|-------------------------------------|---------|
| Altered (spayed / neutered), 1 Year | \$10.00 |
| Altered (spayed / neutered), 3 Year | \$20.00 |
| Non-altered, 1 Year                 | \$15.00 |
| Non-altered, 3 Year                 | \$35.00 |
| Late Penalty, Apr. 1 - Dec. 31      | \$10.00 |

# It is time to register or renew a license for your dog.

If you no longer own your dog, please notify the Town Clerk's Office at 781-826-5000 x1079 or dogs@hanover-ma.gov.

# **ON-LINE**

Purchase or renew licenses online at www.doglicenses.us/MA/Hanover. If an Account ID and Password appear here, you may use them. Otherwise, use a prior year license number. Credit card payments only and there is a per license convenience fee that will be applied. Rabies certificates are required and may be attached to the order during check-out.

Account ID:

Password:

# 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 Town of Hanover either by U.S. postal mail or drop in the front door mail slot of Town Hall, 550 Hanover Street.

# **IN-PERSON**

Call the Town Clerk's Office for an appointment. Bring valid rabies certificate, spay/neuter certificate (if applicable), registration form, and a check/cash to the Town of Hanover.

All dogs six months or older residing in the Town of Hanover must be licensed. Licenses are valid thru December 31 of the license year. No license will be issued for a dog not having a current rabies vaccination. Purchase of a 3 Year license requires a rabies vaccination good through any date in 2027. The license fee will be waived for those residents 70 years of age or older (excluding Kennels) and for service dogs, provided the necessary paperwork is given. For these exemptions, you may apply by mail or in-person at the Town Clerk's Office. 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 781-826-5000 x1022.

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

Town of Hanover

| APPI              | ICA7 | TION 1       | for the        | regi | stra | tion | of    | dog | (s) | for      | the       | yeaı                  | 25 |        |  |  | 550 Hano | ver |       | r, MA 02339 |
|-------------------|------|--------------|----------------|------|------|------|-------|-----|-----|----------|-----------|-----------------------|----|--------|--|--|----------|-----|-------|-------------|
| YRs               |      | Sex<br>(M/F) | Spay /<br>Neut |      |      |      | Breed |     |     | Dog Name | Microchip | Rabies Expire (m/d/y) |    | Fee    |  |  |          |     |       |             |
|                   |      |              |                |      |      |      |       |     |     |          |           |                       |    |        |  |  |          |     |       |             |
|                   |      |              |                |      |      |      |       |     |     |          |           |                       |    |        |  |  |          |     |       |             |
|                   |      |              |                |      |      |      |       |     |     |          |           |                       |    |        |  |  |          |     |       |             |
|                   |      |              |                |      |      |      |       |     |     |          |           |                       |    |        |  |  |          |     |       |             |
|                   |      |              |                |      |      |      |       |     |     |          |           |                       |    |        |  |  |          |     |       |             |
| Vet/Clinic:       |      |              |                |      |      |      |       |     |     |          |           |                       |    | $\int$ |  | By signing below, for each dog listed above, I certify that I am the owner |          |     | Total |             |
| Owner Information |      |              |                |      |      |      |       |     |     |          |           |                       |    |        |  | and their rabies vaccination is current.                                   |          |     |       |             |

| Vet/Cillic.                               | above, I certify that I am the owner     |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Owner Information                         | and their rabies vaccination is current. |  |  |  |  |  |  |
| Name                                      | Signature of Applicant                   |  |  |  |  |  |  |
| Street Address                            | Date Signed                              |  |  |  |  |  |  |
| Mailing Address f different (e.g. PO Box) | Phone 1 Phone 2                          |  |  |  |  |  |  |
| City State ZipCode                        | Email                                    |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |