



TOWN OF HOLLAND
 Office of the Town Clerk
 27 Sturbridge Rd
 Holland, MA 01521
 tel. 413-245-7108 x102 | fax. 413-245-7037
 town.holland.ma.us/town-clerk

OFFICE HOURS
 Mon - Thu: 9:00am - 2:00pm

2025 DOG LICENSE APPLICATION AND RENEWAL FORM

LICENSING FEES	
Non-altered	\$20.00
Altered (spayed or neutered)	\$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.

BY MAIL or DROP OFF

Complete the application form below, verifying owner information, street address, and pet description(s). Enclose the form in an envelope. Include rabies certificate and a check or money order for the total payable to **Town of Holland**. Do not send cash. Mail to the Town Clerk or drop it off in person at the drop box located outside Holland Town Hall, 27 Sturbridge Rd.

ON-LINE

Purchase or renew licenses online at www.doglicenses.us/MA/Holland using a prior license number. Credit card payments only. Per license convenience fee applies. Rabies certificates are required and may be attached to the order during check-out, mailed, faxed, or emailed to townclerk@hollandma.org.

****Please note:** If you are a resident age 70 or above and you are registering more than one dog, your first dog is exempt from licensing fee; however, you must register in person at the Town Clerk's office. Hours are Monday - Thursday, 9:00am - 2:00pm.

All dogs six months or older located within the Town of Holland must be licensed. Licenses are renewable annually and are valid July 1 thru June 30. **Licenses will only be issued for dogs current with their rabies vaccinations.** 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 413-245-0117 x350.**

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 2025

Town of Holland
 27 Sturbridge Rd; Holland, MA 01521

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 _____