



**TOWN OF STERLING**  
**Office of the Town Clerk**  
 1 Park Street  
 Sterling, MA 01564  
 tel. 978-422-8111 x2307  
 fax. 978-422-0289  
 www.sterling-ma.gov/town-clerk

OFFICE HOURS  
 Mon - Thu: 8:00 - 5:00  
 Fri: 8:00 - 12:00

**DOG LICENSE APPLICATION AND RENEWAL FORM**

**DUE DATE**  
**April 15, 2024**

LICENSING FEES	
Non-altered .....	\$12.00
Altered (spayed or neutered) .....	\$8.00
Senior Residents (70+) or Service Dogs ..	\$0.00
Late Penalty after DUE DATE .....	\$25.00

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

**ON-LINE**

Purchase or renew licenses online at **www.doglicenses.us/MA/Sterling**. Credit card payments only. Rabies certificate(s) can be attached to the order during check-out. The on-line option is not available for Senior residents over seventy who qualify for a free license. For these, please call and we will mail it to you.

**BY MAIL or DROP OFF**

Complete the application form below, verifying owner information, street address, and pet description(s). If expired, please include current rabies certificate(s) and a check or money order for the total payable to **Town of Sterling**. Do not send cash. Mail to the Town Clerk or drop off 24/7 at the grey box outside the Butterick Municipal Building at 1 Park Street.

**IN PERSON**

Come to the Office of the Town Clerk during office hours. If expired, please bring current rabies certificate(s) and the completed application with you.

Licensing is required. Failing to register by DUE DATE may result in a *Failure To License Citation* of \$50.00 or more from Animal Control per MGL 140 s141. If you have any questions, please contact **Animal Control at 978-422-7331 or AnimalControl@sterling-ma.gov**.

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

Town of Sterling  
 1 Park Street; Sterling, MA 01564

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

**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 \_\_\_\_\_