



City of Marlborough

Office of the City Clerk

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Steven W. Kerrigan
City Clerk

Wilson Chu
Assistant City Clerk

NEW DOG LICENSE FORM

COMPLETE THIS FORM AND MAIL IT WITH:

- 1) Current Rabies Certificate from the Veterinarian
- 2) Proof that the dog has been spayed/neutered
- 3) Check made payable to the City of Marlborough

ALL CHECKS RECEIVED WITHOUT THE PROPER PAPERWORK WILL BE RETURNED

SUBMIT A FORM for EVERY dog in your household

Owner's Name: _____

Street Address: _____

Phone Number: _____

(Phone number is required to contact you should your dog be lost or hurt)

Owner Email Address: _____

(Email address is now **REQUIRED** for new online dog licensing program)

Pet's Name: _____

Gender (circle):

MALE

FEMALE

Neutered MALE

Spayed FEMALE

Pet's Date of Birth: _____

(If date of birth is unknown please indicate approximate age)

Breed: _____

Color: _____