

TOWN OF GEORGETOWN
KENNEL LICENSE APPLICATION

Dog owners name _____

Street address _____

Mailing address _____

Telephone number _____

Number of dogs residing at above address _____

Name of dog	Breed	age	date of last rabies vaccination
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OFFICE USE ONLY

Date paid _____ Amount paid _____

Kennel license for calendar year _____

Approved Denied

by _____

title _____