



Fill out on your computer and print
Mail to Town Clerk's office

TOWN OF WESTPORT

PO BOX 549
WESTPORT, CT 06881
203-341-1110

APPLICATION FOR A DOG LICENSE

Dog Name: _____ Dog Breed: _____

Dog Age: _____ Dog Color: _____

OWNER'S INFORMATION

Owner: _____

Owner's Address: _____

Owner's Telephone Number: _____

Owner's Email address: _____

Mail application, supporting material and a check for the fee to the Town Clerk's office at address above.

MATERIAL REQUIRED:

- Filled out application
- A copy of the Rabies Certificate with Expiration Date- only if expired.
- A copy of a Spay/Neuter certificate (required if the dog has been altered)
- A check for the fee, payable to the Town of Westport. See correct amount below.

\$8/year, neutered or spayed \$19/year, non-neutered or non-spayed \$1.00 per month after July 31st.
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- Self-addressed stamped return envelope

The certificates will be returned when we mail you the license. We do not keep them.