

Connecticut Dog License Application



Owner's Name		
Street Address		
City	State	Zip
Telephone Number		
Email Address		
Dog's Name		
Predominant Breed		
Color	Dog's Date of Birth	Age

FEE SCHEDULE (Please check one)

- | | |
|---|----------|
| <input type="checkbox"/> Male | \$ 19.00 |
| <input type="checkbox"/> Female | \$ 19.00 |
| <input type="checkbox"/> Male/ Neutered | \$ 8.00 |
| <input type="checkbox"/> Female/ Spayed | \$ 8.00 |

Please also submit a copy of the following with this application:

- Rabies Vaccination Certificate
Expiration Date: _____
- Spay/Neuter Certificate (if applicable)

Payment Information

- I have enclosed a check or money order made out to Milford City Clerk
- I authorize a one-time charge against my credit card for the following amount:

\$ _____	\$19.00 Male / Female
\$ _____	\$8.00 Male / Female (Neutered/Spayed)
\$ _____	\$1.50 Credit Card Processing Fee
\$ _____	TOTAL CHARGE

Credit Card Authorization Form

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

City: _____ State: _____ Zip Code: _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____ Security Code: _____

Cardholder Signature: _____ Date: _____ / _____ / _____