



Application for a Dog License

Town of Great Barrington, Town Clerk's Office
334 Main Street, Great Barrington, MA 01230
413-528-1619 ext.2100

Applications may be processed in person, by mail, drop box outside the Town Hall,
OR online at www.townofgb.org

To license your dog(s), please provide the following:

- Current rabies vaccination certificate
- Proof of Spay or Neuter if not previously submitted
- If licensing by mail or via the drop box include a **self-addressed stamped envelope**
- Payment for the licensing fee as follows per dog:

- Female Dog:
 - Intact \$15.00
 - Spayed \$ 5.00
- Male Dog:
 - Intact \$15.00
 - Neutered \$ 5.00
- Kennel License:
 - 4 dogs \$20.00
 - 5-10 dogs \$40.00

The law requires that all dogs 6 months or older be licensed annually.

The license period runs from January 1st through December 31st

All dogs must be licensed by **March 31st**.

Dogs licensed after that day will be assessed a \$10.00 late fee.

Dogs remaining unlicensed as of **May 1st** will be assessed a \$25.00 late fee **and** a \$50.00 ticket for an unlicensed dog can be issued by the Animal Control Officer.

The late fees are in addition to the licensing fees outlined above.

The owner or keeper of a dog shall cause it to wear around its neck or body a collar or harness, to which shall be securely attached a tag. The dog license is granted subject to the conditions that the dog herein described shall be controlled and restrained from killing, chasing or harassing livestock, fowl, persons, cats or dogs.

Important Bylaws for Dog Owners

Leash Requirements: Chapter 81, Section 2- Dogs are required to be leashed.

No owner shall permit their dog to run at large within the Town of Great Barrington, including Housatonic.

Cleaning Up After Dogs: Chapter 81, Section 10

Any owner or keeper who is the owner/keeper of any animal who shall be found by an Animal Control Officer to have defecated on private property other than that of its owner/keeper or on a public sidewalk or public lands can be fined.

For a complete set of the Town's Animal Control Bylaws, please visit www.townofgb.org

Dog Owner(s): _____

Street Address: _____

Mailing Address: (if different) _____

Town: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Cellphone:** _____

Email: _____

Veterinarian: _____

Please make check payable to: **TOWN OF GREAT BARRINGTON**
Don't forget to enclose a self-addressed stamped envelope.

Total Fee Enclosed: _____

| DOG #1 | |
|--|--------------------------------|
| Dog's Name: | |
| Date of birth: | Breed: |
| Color: | |
| Circle one: Male or Female | Circle one: Spayed or Neutered |
| Rabies Vaccination Expiration Date: Please provide a copy | |
| DOG #2 | |
| Dog's Name: | |
| Date of birth: | Breed: |
| Color: | |
| Circle one: Male or Female | Circle one: Spayed or Neutered |
| Rabies Vaccination Expiration Date: Please provide a copy | |
| DOG #3 | |
| Dog's Name: | |
| Date of birth: | Breed: |
| Color: | |
| Circle one: Male or Female | Circle one: Spayed or Neutered |
| Rabies Vaccination Expiration Date: Please provide a copy | |
| DOG #4 | |
| Dog's Name: | |
| Date of birth: | Breed: |
| Color: | |
| Circle one: Male or Female | Circle one: Spayed or Neutered |
| Rabies Vaccination Expiration Date: Please provide a copy | |