

Town of Strafford
Animal License Application

Owner Name (s): _____

Mailing Address: _____

Physical Address: _____

Email: _____

Telephone Number: _____

Name of Dog: _____

Age: _____ years _____ months

Sex: Male _____ Female _____ Spayed/Neutered: _____

Color: _____

Primary Breed: _____

Rabies Certificate #: _____

Rabies Expiration Date: _____

Owner Signature: _____

Today's Date: _____

Applications are null/void unless Rabies Certification and Spay/Neuter Certificate is
included at the time of application/submission