

Lic # _____

Connecticut Dog License Application



Name		
Street		
City	State	Zip
Telephone Number		
Dog's Name		
Predominant Breed		
Color	Age	

FEE SCHEDULE (Please check one)

- Male \$ 19.00
- Female \$ 19.00
- Male/ Neutered \$ 8.00
- Female/ Spayed \$ 8.00

Please send a copy of the following with this application to mtierney@portlandct.org OR to Portland Town Clerk, PO Box 71, Portland, CT 06480:

- Rabies Vaccination Cert. Exp:
- Spay/Neuter certificate (if applicable)

Credit Card Authorization Form

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

City: _____ State: _____ Postal Code: _____

I authorize a one-time charge against my credit card for the follow amount:

\$2.00 Credit Card Processing Fee

\$1.00 First Class USPS

\$ _____ Dog License **\$19.00** Male/Female, **\$8.00** Neutered/Spayed

Total Authorized Charge: \$ _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____ Security Code: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature _____ Date _____/_____/_____