



TOWN OF ROXBURY CONNECTICUT

Office of the Town Clerk

29 North Street • P.O. Box 203 • Roxbury, CT 06783-0203

DOG LICENSE APPLICATION

Name	
Street Address	
Mailing Address (If different from street address)	
Telephone Number	Email Address
Dog's Name	
Predominant Breed	
Color	Dog's Date of Birth

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 |

LATE FEE

\$1 per month starting July 2024

Please provide a copy of the following with this application:

- | |
|--|
| <input type="checkbox"/> Rabies Vaccination Certificate |
| <input type="checkbox"/> Spay / Neuter Certificate (if applicable) |

Present this application to the Town Clerk or mail application, proper certificate(s) & payment to:

Town Clerk's Office, 29 North St, Roxbury, CT 06783

Applications mailed to the Town Clerk's office must include a self-addressed stamped envelope.