STATE OF CONNECTICUT
TOWN OF KENT
COUNTY OF LITCHFIELD

SIGNED Darlene Brady, Town Clerk

<table>
<thead>
<tr>
<th>Phone No.</th>
<th>Name of Dog or Kennel</th>
<th>Breed</th>
<th>Color</th>
<th>Year Born</th>
<th>Sex¹</th>
<th>Rabies Certificate² Expiration Date</th>
</tr>
</thead>
</table>

Owner’s Information  
Name:  
Street:  
Town: , CT Zip:  
Mailing (if different):  
Email (for reminder):  
Telephone Number:

New licenses must be procured on or before June 30 or penalty imposed pursuant to SEC. 22-338 General Statutes, State of CT

Fee Schedule (dogs 6 months and older)

<table>
<thead>
<tr>
<th></th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
<th>May</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male/Female</td>
<td>19.00</td>
<td>20.00</td>
<td>21.00</td>
<td>22.00</td>
<td>23.00</td>
<td>24.00</td>
<td>25.00</td>
<td>26.00</td>
<td>27.00</td>
<td>28.00</td>
<td>29.00</td>
<td>30.00</td>
</tr>
<tr>
<td>Spayed/Neutered</td>
<td>8.00</td>
<td>9.00</td>
<td>10.00</td>
<td>11.00</td>
<td>12.00</td>
<td>13.00</td>
<td>14.00</td>
<td>15.00</td>
<td>16.00</td>
<td>17.00</td>
<td>18.00</td>
<td>19.00</td>
</tr>
</tbody>
</table>

June fee amounts apply to dogs 6 months and under regardless of month registered.

Mail completed application with check payable to “Kent Town Clerk” to:
Town Clerk
P. O. Box 843
Kent, CT 06757-0843

Be sure to include a self-addressed, stamped envelope for return of tag and copies of: ¹spay/neuter certificate if applicable and ²current rabies certificate