

**STATE OF CONNECTICUT
TOWN OF KENT
COUNTY OF LITCHFIELD**

SIGNED *Darlene Brady*, Town Clerk

| Office use only – do not write in | |
|-----------------------------------|---------|
| Tag # | Fee |
| Issue Date | Penalty |
| | Total |

| Phone No. | Name of Dog or Kennel | Breed | Color | Year Born | Sex ¹ |
|-----------|-----------------------|-------|-------|-----------|--|
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Check here if Spayed/Neutered |

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

Rabies Certificate² Expiration Date

| |
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A rabies vaccination certificate must be submitted to Town Clerk
Sec. 22-338

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)

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

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