

Town of Bedford Dog License Application

Date: _____

Owner's Name _____

Owner's Address _____

Telephone: _____

Name of Dog: _____

Male Female

Date of Birth _____

Breed: _____ Color: _____

Veterinarian _____

Address _____

Rabies Vaccination Expires: ____ ____ ____

Fee
Paid: \$15.00 \$18.00 \$25.00 Check #: _____

Kennel: \$60.00 or \$100.00