

TOWN OF BARRINGTON

*Town Clerk's Office
283 County Road
Barrington, RI 02806
401-247-1900 x301*

OFFICE USE ONLY

Date Paid: _____

Tag # : _____

Rabies Exp : _____

Method of Payment: _____

Mail/Walk In: _____

DOG LICENSE APPLICATION

(All Dog Licenses Valid from May 1 to April 30)

Please fill in the application below with complete and valid information.

REQUIREMENTS: A CURRENT, VALID RABIES CERTIFICATE MUST ACCOMPANY THIS APPLICATION.

OWNER INFORMATION

Name of Owner: _____

Residential Address _____ Barrington, RI 02806

Cell: _____ Home/Work: _____

Email: _____

Email Address (if given, will ONLY be used as an email renewal reminder)

PET INFORMATION

Pet Name: _____

Please Circle: Male/ Female Spayed/ Neutered

Breed: _____ Color: _____

LICENSE FEE : Dog \$6.00 each/ LATE FEE OF AN ADDITIONAL \$10 PER DOG AFTER APRIL 30TH.

Total Enclosed: \$ _____ Checks made payable to TOWN OF BARRINGTON

If paying by mail, your tag will be mailed to you upon receipt of payment.

PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE.

If paying in person, accepting CASH, CHECK OR CHARGE.

In, accordance with RI General Laws 4-13-4 and Chapter 67 of the Ordinances of the Town of Barrington as amended.