

TOWN OF BARRINGTON
Town Clerk's Office
283 County Road
Barrington, RI 02806
(401) 247-1900 ext. 301

OFFICE USE ONLY: Date Paid: _____ Tag #: _____ Rabies Exp.: _____ Method of Payment: _____ Mail/Walk-in: _____

DOG AND CAT LICENSE APPLICATION
(All Dog and Cat Licenses Valid from May 1st to April 30th)

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

A CURRENT, VALID RABIES CERTIFICATE MUST ACCOMPANY THIS APPLICATION FOR ALL ANIMALS & SPAY/NEUTER CERTIFICATE (FOR CATS LICENSING FOR THE FIRST TIME ONLY)

OWNER INFORMATION

Owner Name: _____
Street No. and Street Name _____, Barrington, RI 02806
Phone Number _____
E-mail Address (If given, renewal reminder will be sent by e-mail only):

PET INFORMATION

Pet Name: _____
Please Circle: Dog / Cat Sex: Male / Female Spayed/Neutered: Yes / No
Breed: _____ Color: _____

FEE SCHEDULE: Dog License \$6.00 each; Cat License \$5.00 each

TOTAL ENCLOSED: _____

Checks should be made payable to **TOWN OF BARRINGTON.**

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

If paying in person, forms of payment accepted are CASH or CHECK to **TOWN OF BARRINGTON.**