Dog Registration Form  
PO Box 436 | Georgetown, Maine 04548 | Tel: (207) 371-2820 | Fax: (207) 371-2331  
www.townofgeorgetownme.com

Please fill out the following information and provide a current Rabies Certificate and proof of Spay or Neuter (if applicable) for each dog. The State of Maine changed their system this year for clerks to input information so this form must be completed. You may return and register in person or via mail.

**Spayed/Neutered Dog Fee: $6.00 Intact Dog Fee: $11.00 Late Fee (Starting Feb. 1st): $25.00**

**Checks made payable to: Town of Georgetown**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Primary Owner Information | | | | | | | | | | | | | | | | | | | | | | | |
| First & Last Name: | | | |  | | | | | | | | | | | | | | | | | | | |
| Home Address: | | | |  | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | |  | | | | | | | | | | | | | | | | | | | |
| Phone Number: | | | |  | | | | | | | Email Address: | | | |  | | | | | | | | |
| Dog Information | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | | | |
| Primary Breed: | |  | | | | | | | | Secondary Breed: | | | | | |  | | | | | ❑ Purebred | | |
| Date of Birth (estimate if unknown): | | | | |  | | | | | | | | | | | Age (estimate if unknown): | | | | | |  | |
| Please Select Gender: | | | | | | | ❑ Male | | | | | ❑ Female | | | | |  | | | | | |  |
| Animal Size: | | ❑ Small | | | | ❑ Medium | | | | | | | ❑ Large | | | | | | ❑ Extra Large | | | | |
| Primary Color & Secondary Colors: (Please write 1 next to primary and 2 next to secondary, etc.) | | | | | | | | | | | | | | | | | | | | | | | |
| Apricot | | | Beige | | | | | Black | | | | | | Blonde | | | | | | Blue | | | |
| Blue Black | | | Brindle | | | | | Bronze | | | | | | Brown | | | | | | Buff | | | |
| Butterscotch | | | Charcoal | | | | | Chestnut | | | | | | Chocolate | | | | | | Copper | | | |
| Cream | | | Ebony | | | | | Fawn | | | | | | Golden | | | | | | Green | | | |
| Grey | | | Lavender | | | | | Lilac | | | | | | Liver | | | | | | Lynx | | | |
| Mahogany | | | Mustard | | | | | Orange | | | | | | Pink | | | | | | Red | | | |
| Rust | | | Sable | | | | | Sandy | | | | | | Seal | | | | | | Shaded Cream | | | |
| Silver | | | Silver Black | | | | | Smoke | | | | | | Tan | | | | | | Taupe | | | |
| Wheaten | | | White | | | | | Yellow | | | | | |  | | | | | | | | | |
| Color Pattern: Please select one | | | | | | | | | | | | | | | | | | | | | | | |
| ❑ Agouti | | | ❑ Badger | | | | | ❑ Bi-Color | | | | | | ❑ Brindle | | | | | | ❑ Calico | | | |
| ❑ Dapple | | | ❑ Dilute | | | | | ❑ Harlequin | | | | | | ❑ Marble | | | | | | ❑ Merle | | | |
| ❑ Mitted | | | ❑ Point | | | | | ❑ Roan | | | | | | ❑ Salt & Pepper | | | | | | ❑ Solid | | | |
| ❑ Spotted | | | ❑ Tabby | | | | | ❑ Tick | | | | | | ❑ Tiger | | | | | | ❑ Tricolor | | | |
| ❑ Tuxedo | | | ❑ Van | | | | |  | | | | | |  | | | | | |  | | | |
| Microchip Information (Optional) | | | | | | | | | | | | | | | | | | | | | | | |
| ❑ No Microchip | | | Microchip Number: | | | | | |  | | | | | | | | | | | | | | |
| Brand: |  | | | | | | | | | | | | | | | | | | | | | | |
|  | Do you need to provide a rabies certificate? ❑YES ❑NO | | | | | | | | | | | | | | | | | | | | | | |
| Rabies Certificate Information | | | | | | | | | | | | | | | | | | | | | | | |
| Copy of current rabies vaccination certificate for each dog. It must be a vaccination certificate; it cannot be the invoice for the veterinary office or clinic.  Copy of the spay/neuter certificate for each dog that has had the change since the last registration. | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | |

If you have additional dogs, please use an additional form.

Please visit our website for more forms.

*Clerks Use Only:*

Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entered/Complete Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Paid Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Rabies Exemption Letter Scanned & Attached