TOWN OF WESTMINSTER
OFFICE OF THE TOWN CLERK
Ellen M. Sheehan
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DOG REGISTRATION FORM

Dog Owner's Name _____

Address _____

Telephone _____

Dog's Name _____ Spayed/Neutered? _____

Breed _____ Date of Birth _____

Color _____

NO LICENSE WILL BE ISSUED WITHOUT AN UP-TO-DATE RABIES CERTIFICATE.