If mailing this request, please complete this form for dogs/cats being licensed and send with:
1. Current Rabies Certificate (No Invoices)  
2. Spay/Neuter Certificate, if not noted on Rabies Certificate
3. Postage-Paid, Self-Addressed Business-Size Envelope  
4. Check made payable to: Town of Chatham

Name/Address/Mailing: ____________________________________________________________

Dog/Cat Name: _____________________ Breed: ____________ Age: ________ Color: ____________

Email (optional): ____________________________________________________________ Phone: _________________________

Veterinary Clinic: __________________________________________________________

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