TOWN OF HOLLAND
Office of the Town Clerk
27 Sturbridge Rd
Holland, MA 01521
tel. 413-245-7108 x102 | fax. 413-245-7037
town.holland.ma.us/town-clerk

OFFICE HOURS
Mon - Thu: 9:00am - 2:00pm

2027 DOG LICENSE APPLICATION AND RENEWAL FORM

LICENSING FEES	
Non-altered	$20.00
Altered (spayed or neutered)	$10.00

It is time to register or renew a license for your dog.
If you no longer own your dog, please notify the Town Clerk's Office.

BY MAIL or DROP OFF

Complete the application form below, verifying owner information, street address, and pet description(s). Enclose the form in an envelope. Include rabies certificate and a check or money order for the total payable to **Town of Holland**. Do not send cash. Mail to the Town Clerk or drop it off in person at the drop box located outside Holland Town Hall, 27 Sturbridge Rd.

ON-LINE

Purchase or renew licenses online at www.doglicenses.us/MA/Holland using a prior license numebr. Credit card payments only. Per license convenience fee applies. Rabies certificates are required and may be attached to the order during check-out, mailed, faxed, or emailed to townclerk@hollandma.org .

**Please note: If you are a resident age 70 or above and you are registering more than one dog, your first dog is exempt from licensing fee; however, you must register in person at the Town Clerk's office. Hours are Monday - Thursday, 9:00am - 2:00pm.

All dogs six months or older located within the Town of Holland must be licensed. Licenses are renewable annually and are valid July 1 thru June 30. **Licenses will only be issued for dogs current with their rabies vaccinations.** Purchased licenses are non-refundable and non-transferable. Tags must be worn by dogs at all times. If your dog should become lost, please contact the **Animal Control Officer at 413-245-0117 x350**.

Color Codes: BL=Black; **WH**=White; **GR**=Gray; **BD**=Brindle; **TA**=Tan; **BR**=Brown; **YE**=Yellow; **RE**=Red; **TRI**=Tri-Color

Town of Holland
27 Sturbridge Rd; Holland, MA 01521

APPLICATION for the registration of dog(s) for the year 2027

Age		Sex	Spay /	Color									Breed	Dog Name	Microchip	Rabies Expire	Fee
YRs	MOs	(M/F)	Neut	BL	WH	GR	BD	TA	BR	YE	RE	TRI				(m/d/y)	

By signing below, for each of the animals listed here, I certify that I am their owner and they have a current rabies vaccination.

☐ Mail me my tags $1.00

Total

Owner Information

Name _____

Street Address _____

Mailing Address _____
if different (e.g. PO Box)

City _____ State _____ ZipCode _____

Signature of Applicant _____

Date Signed _____

Phone 1 _____ Phone 2 _____

Email _____