



*Town of North Kingstown
Office of the Town Clerk
100 Fairway Drive
North Kingstown, RI 02852
401-294-3331 Ext. 121 or 123
E-Mail: licenses@northkingstown.org*



DOG LICENSE APPLICATION

NEW () RENEWAL ()

Please complete the information below and return this portion to the Town Clerk's Office along with the following:

1. **Rabies Certificate** (if expiration on last certificate is before May 1, 2025)
2. **Check for \$8.00** per dog payable to the Town of North Kingstown
3. **Self-addressed, stamped envelope with return postage of \$0.82** or include an additional \$0.82 for postage in your check

Owner's Name: _____

Address: _____

Mailing Address (If Different): _____

Phone: _____ **Unlisted?** **Y** **N** **E-Mail:** _____

Dog's Name: _____ **Breed:** _____

Color: _____ **Sex:** _____ **Altered?** **Yes** **No**

Rabies Expiration Date: _____ **Rabies Tag Number:** _____

Veterinarian's Office: _____