

TOWN OF ROXBURY, MAINE
DOG LICENSE REMITTANCE FORM

RETURN TO : TOWN OF ROXBURY, PO BOX 24, ROXBURY, MAINE 04275

Please clip this section to mail your payment in and return with your check and updated rabies certification* to re-license your dog.

NAME OF DOG OWNER: _____

ADDRESS: _____ PHONE: _____

NAME OF DOG (S): _____

*If you do not have a copy of the rabies certificate, please indicate the Veterinarian Clinic that administered the vaccination _____ Phone: _____
