## **PUPPY REGISTRATION**

(This is for puppies only. Not for use for dogs 6 months and older)

Owner:	
Address:	
Mailing Address: (if d	ifferent)
Phone #:	
Email:	
Puppy Name:	Veterinarian
Puppy DOB:	
Gender:	
Breed:	
Color:	
or older to qualify). On Signature:	ne senior discount per person.
License, dog	tags and a receipt will be mailed to you.
OR	PAYMENT OPTIONS  eck made out to the TOWN OF BOSCAWEN  pay with card information below  the there is a 2.95% bank charge to process cards)
NAME ON CARD:	
CARD#	
EXPIRATION:/	
CVC CODE:	