

**2007 LICENSE REGISTRATION FORM**

Please enclose check or money order for \$8.00 per dog, a **self addressed, stamped envelope** and a **copy of the rabies certificate**.

Name: \_\_\_\_\_ Phone No \_\_\_\_\_  
Address: \_\_\_\_\_

DOG'S NAME: \_\_\_\_\_ DOG'S NAME: \_\_\_\_\_ DOG'S NAME: \_\_\_\_\_  
GENDER: \_\_\_\_\_ GENDER: \_\_\_\_\_ GENDER: \_\_\_\_\_  
COLOR: \_\_\_\_\_ COLOR: \_\_\_\_\_ COLOR: \_\_\_\_\_  
BREED: \_\_\_\_\_ BREED: \_\_\_\_\_ BREED: \_\_\_\_\_

**Licenses WILL NOT be returned without a self-addressed, stamped envelope and a copy of the rabies certificate. \$.65 postage on return envelope per license.**

Make all checks payable to the Town of Foster. Mail to: Foster Town Clerk's Office, 181 Howard Hill Road, Foster, RI 02825.

**NEIGHBORING TOWNS CLINIC DATES**

- Scituate:** Scituate Animal Shelter, George Washington Highway, Clayville;  
Saturday, April 21, 11:00 am - 2:00 pm
- Glocester:** George Washington Facility, Rt. 44; Sunday, April 15,  
11:00 am – 12:30 am Cats & Ferrets; 12:30 am – 2:00 pm Dogs

