



Town of Elizabeth

APPLICATION FOR PRIVATE KENNEL PERMIT

Name(s): _____

Physical Address: _____

Mailing Address: _____

Phone Number: Home: _____ Cell/Work: _____

E-Mail Address: _____

Private Kennel Permit

Any person having custody of any dog four (4) months of age or older for seven (7) days shall obtain a dog license. Any person having more than 3 dogs and less than 8 may obtain a Private Kennel Permit at no cost as long as the dogs are current on registration.

Vet Name: _____ Vet Phone Number: _____

Dog Name: _____ Breed: _____ Tag #: _____

Dog Name: _____ Breed: _____ Tag #: _____

Dog Name: _____ Breed: _____ Tag #: _____

Dog Name: _____ Breed: _____ Tag #: _____

Dog Name: _____ Breed: _____ Tag #: _____

Dog Name: _____ Breed: _____ Tag #: _____

Dog Name: _____ Breed: _____ Tag #: _____

Please include pictures of your dogs.