Dog License Application
Mail or drop off at:

**Owego Town Clerk**
**2354 State Route 434**
**Apalachin, NY 13732**

**$10.50- Spay/Neutered**
**$17.50- Unspayed/ Unneutered**

**Clerk use only**
Rabies Vaccination information:
Date Vaccinated: ____ ____ ____
M D Y

☐ 1 year ☐ 3 year

_____
Veterinarian's name

**Clerk use only**

License #: _____

Date issued: _____

Date expires: _____

Last name First Middle Initial Area Code

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House/Apt. Number Street Address Phone Number

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City State Zip code County

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Dog Breed: _____ Sex: _____ Spay/Neuter _____

Dogs: Name: _____ Dog's year of birth: _____

Special Markings: _____ Tattoo/Microchip: _____

Color: _____ Secondary color: _____

Signature of owner: _____