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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_