Dog License

1. Owner Name: _____

2. Address: _____

_____

3. Email Address: _____

4. Phone Number: _____

5. Dog's Name: _____

6. Dog's Year of Birth: _____

7. Dog's Gender: □Male □Female

8. Spay/Neuter: □Yes □No

If yes, you must provide copy of Spay/Neuter Certificate. I will return to you with License

9. Dog's Breed: _____

10. Dog's Primary Color: _____

11. Dog's Secondary Color: _____

12. Dog's identifying marks, if applicable: _____

13. Valid, up to date Rabies Vaccination Certificate: You MUST provide copy of rabies vaccination certificate. If you send original I will return to you with license. Sending the information without the actual certificate is NOT acceptable.

Fees: Checks made payable to: Scriba Town Clerk

Spay/Neutered Dog- $8.00

NOT spayed or Neutered Dog-$16.00