Town of Hamilton
38 Milford Street
Hamilton, NY 13346

Phone (315) 824-3380
www.TownofHamiltonNY.gov
townclerk@townofhamiltonny.gov

Date Received & Paid:

Dog License Application

Owner Name:_____

Address:_____
Street City State Zip

_____
Mailing Address (If different from above): PO Box or Street | City | State | Zip

Cell #:_____ **Home #**:_____

Email:_____

Dog's Name:_____ **Sex:** Male or Female

Birth Year:_____ **Breed:** _____ **Spayed/Neutered: Yes or No** (proof required)

Color:_____ **Markings:**_____

Vet/Animal Hospital:_____

Owner's Signature: _____ **Date:** _____

License Fees*:*

- Altered Dog Fee $ 7.00
- Unaltered Dog Fee $15.00

Documentation:

- Copy of Rabies Certificate
- Spay/Neuter Proof *(if applicable)*

Payment options: Cash, Local Check (*Payable to Town of Hamilton*), Credit Card (*nominal fee charged*)

Voluntary Shelter Donation:

Pursuant to NYS Senate Bill S1373, this dog license application includes an option for dog owners to make a voluntary donation to support Wanderers' Rest Humane Association (WRHA), which is the contracted animal shelter for Madison County. 100% of your donation will be remitted to WRHA from the Town of Hamilton. This donation is not required to license your dog. *Thank you for your consideration to help homeless animals.*

CLERK ONLY:

DATE ISSUED:_____ **TAG #:**_____

Rabies Certificate Received: Yes No
Spay Certificate Received: Yes No

AMOUNT PAID:

License Fee (Required) **$**_____

Shelter Donation (Optional) **$**_____

TOTAL AMOUNT **$**_____

Payment type: Cash Check Credit Card
circle #_____