

License No.		Microchip No.	
Date Issued		Expiration Date	
Dog Breed		Code	
Dog Color(s)		Code(s)	
Other ID	Dog's Yr. of Birth Last 2 Digits		
Markings		Dog's Name	

587 Co Rt 194
Copenhagen, NY 13626

License Type:
Original Renewal
Transfer of Ownership

Rabies Vaccine:

Manufacturer: _____

Serial Number: _____

One Year Vacc.	Three Year Vacc.
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Date Vaccinated: _____

Veterinarian: _____

Owner Identification (Person who harbors or keeps dog): Last First Middle Initial

[illegible]

Area Code

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Mailing Address: House No., Street or R.D. No. and P.O. Box No.

Phone No.

[illegible]

City

State

Zip

[illegible]

County

Town, City or Village

L	E	W	I	S							P	I	N	C	K	N	E	Y			
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1. Male, Neutered	\$9.00	\$1.00
2. Female, Spayed	\$9.00	\$1.00
3. Male, Unneutered under 4 months		
4 months & over	\$17.00	\$3.00
4. Female, Unspayed under 4 months		
4 months & over	\$17.00	\$3.00
5. Exempt Dogs		

Fee**Spay/Neuter Fee**

License Fee: \$ _____

Spay/Neuter Fee: \$ _____

Enumeration Fee: \$ _____

TOTAL FEE: \$ _____

IS OWNER LESS THAN 18 YEARS OF AGE? Yes No

IF YES, parent or guardian shall be deemed the owner of record and the information must be completed by them.

Owner's Signature

Date _____

Clerk's Signature

Date _____