TOWN OF CINCINNATUS
DOG LICENSE

To: ___RENEWAL ___ORIGINAL

LICENSE # _____
NAME: _____
SEX: _____
BIRTH YEAR: _____
BREED: _____
COLOR: _____

DUE DATE _____
NEW EXPIRATION: _____
TYPE : ALTERED _____ UNALTERED _____
LOCAL 01 $ _____
SUR CHARGE $ _____
PAYMENT DUE $ _____ (ANNUAL)

TRANSFER OF OWNERSHIP: COMPLETE THIS FORM AND GIVE ALONG WITH ID TAG TO NEW OWNER.
PLEASE PLACE A CHECK MARK IN ANY APPLICABLE CHANGES:

_____ DOG IS DECEASED * DATE OF CHANGE: _____
_____ DOG LOST OR STOLEN
_____ TRANSFER OF OWNERSHIP
_____ NEW OWNER NAME _____
_____ MAILING ADDRESS: _____
_____

*** PROOF OF RABIES IMMUNIZATION ***
VACINATION DATE: _____
EXPIRATION DATE: _____
VETERINARIAN : _____
MANUFACTURER: _____
SERIAL NUMBER: _____

_____ OWNER SIGNATURE: DATE :

_____ CLERK SIGNATURE: DATE:

TOWN OF CINCINNATUS * DOG LICENSE
___RENEWAL ___ ORIGINAL
******** OWNERS COPY ********

LICENSE #: _____
NAME: _____
SEX: _____
BIRTH YEAR: _____
BREED: _____
COLOR: _____

DUE DATE: _____
NEW EXPIRATION: _____
TYPE : ALTERED _____ UNALTERED _____
LOCAL 01 $ _____
SUR CHARGE $ _____
PAYMENT DUE $ _____ (ANNUAL)

OWNER NAME: ADDRESS:

**** PROOF OF RABIES IMMUNIZATION:
VACCINATION DATE: _____
EXPIRATION DATE : _____
VETERINARIAN: _____
MANUFACTURER: _____
SERIAL NUMBER: _____

_____ OWNER SIGNATURE: DATE:

_____ CLERK SIGNATURE: DATE:

RETURN : PART # 1 & # 2
MAIL TO: CINCINNATUS TOWN CLERK
P.O.B # 335
CINCINNATUS, N.Y. 13040