

(For Office Use Only)

License No. _____

Issue Date. _____

Expiration Date. _____

Fee: _____

DOG LICENSE APPLICATION

Town of Caroline
2668 Slaterville Road
PO Box 136
Slaterville Springs, NY 14881
607-539-6400 x1

LICENSE TYPE

_____ Original _____ Renewal

_____ Transfer of Ownership

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RABIES CERTIFICATE REQUIRED

Manufacturer: _____

Serial No.: _____

___ One Year Vacc. ___ Three Year Vacc.

Date Vaccinated: _____

Veterinarian: _____

Annual Fees:

Spayed or Neutered - \$12 per year (\$1 State spay/neuter surcharge, \$11 local fee)

Unspayed/Unneutered - \$25 per year (\$3 State spay/neuter surcharge, \$22 local fee)

Residents 65 years old or older - \$5 for spay/neuter dogs (No discount for unaltered dogs)

Service Dog Exemption – no local fee, must pay state surcharge – Guide dog, war dog, police dog, hearing dog, service dog (Proof of Registration Required)

Dog Owner:

Complete the owner and dog identification portions and sign below. Mail or bring to the Town Clerk's Office with **proof of rabies vaccination**, proof of spay/neuter (if applicable), and a check payable to the Town of Caroline for the appropriate amount as indicated above. A validated license and identification tag will be provided to you.

Owner Identification:

Name: _____

Telephone: _____

Address: _____

Email address: _____

Dog Identification:

Name: _____

Sex: Male or Female (circle one)

Breed: _____

Color(s): _____

Spayed / Neutered / Unaltered (Circle One)

Birth Year: _____

Microchip #: _____

Owner Signature: _____

Date of Application: _____

If you have any questions, please call our office at: 607-539-6400 x 1

OFFICE HOURS: Monday - Thursday: 8:00 am – 2:00 pm