TOWN OF MARTINSBURG

PO BOX 8

MARTINSBURG NY 13404
Phone:(315) 376-2299 Fax: (315) 376-8722
TDD 1-202-720-6382
Email: mburg@ridgeviewtel.us

Supervisor Terrence Thisse
Town Clerk: Mary Kelley

Deputy Highway Sup't: Tyler Jones (315) 376-2309

DOG IDENTIFICATION

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	

DOG LICENSE

LICENSE TYPE

☐ ORIGINAL ☐ RENEWAL

☐ TRANSFER OF OWNERSHIP

RABIES CERTIFICATE REQUIRED *

Rabies Vaccine:

Manufacturer _____

Serial Number _____

☐ One Year Vacc. ☐ Three Year Vacc.

Date Vaccinated _____

Veterinarian _____

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

* **OWNER'S PHONE NO.** Area Code

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

City **State** **Zip**

County **Town, City or Village**

TYPE OF LICENSE	Fee	Spay/Neuter Fee
1. ☐Male, neutered	9.00	+ 1.00
2. ☐Female, spayed	9.00	+ 1.00
3. Male, unneutered		
☐under 4 months		
☐4 mos. & over	17.00	+ 3.00
4. Female, unspayed		
☐under 4 months		
☐4 mos. & over	17.00	+ 3.00
5. ☐Exempt dogs		

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

$10.00 spayed/neutered

$20.00 unspayed/unneutered