TOWN OF FABIUS

To license your dog by mail, please supply the following information:

PLEASE PRINT

Owner's Name: _____ ( ) _____
Last First M. **Area Code/ Home Phone Number**

Address: _____ _____
Street Address **PO Box**

City: _____
City State Zip Code County

Email: _____ ( ) _____
Area Code / Cell Phone Number

License Type

☐ **Original License** ☐ **Transfer of Ownership** ☐ **Renewal**

Dog's Name: _____ **Breed:** _____
Dog's Color(s): _____ **Other Id or Markings:** _____
Dog's Date & Year of Birth: _____ **Microchip No.** _____

Please check the appropriate information:

_____ Male, Neutered **(Veterinary Certificate Required)** _____ Male, Unneutered
_____ Female, Spayed **(Veterinary Certificate Required)** _____ Female, Un-spayed

Last Rabies Vaccination: _____ **(Veterinary Certificate Require)**
Manufacturer: _____ **Serial Number:** _____
_____ **1 Year Vaccination** _____ **3 Year Vaccination**
Veterinarian: _____ **Phone:** _____

The above information will be entered into our computer and we will print out a license and return a copy to you for your records along with your dog license tag.

Signature: _____ **Date:** _____

Make Checks Payable to: Fabius Town Clerk
Fees: $8.00 - Spayed/ Neutered (1 YR)

$15.00 – Unspayed / Unneutered

Return with a self addressed stamped envelope to:

Fabius Town Clerk
7786 Main Street
Fabius, NY 13063