TO LICENSE YOUR DOG, COMPLETE THE LICENSE FORM BELOW.
SEE INSIDE FOR THE LICENSING PROCESS.

DL-1 Rev. 12MS

DOG IDENTIRCATION

License No. | Chk Code

Date Issued | Expiration Date

Dog Breed | CODE

Dog Color(s) | co | Efs)

Other ID | Lait 2 Digits

Markings | Dog's Name

DOG LICENSE

Issuing County Code[TCV Code

LICENSE TYPE

☐ ORIGINAL ☐ RENEWAL

[I TRANSFER OF OWNERSHIP

RABIES CERTIRCATE REOUIRED

Rabies Vaccine: Manufacturer _____

Serial Number _____

☐ One Yew Vaoc. ☐ Three Yew Vaco,

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 Zp

County Code

County Town. City or Villme

Town, City Vil. Code

TYPE OF LICENSE

	State Fee	Spay/Neuter I-
1 ☐ Male, neutered	2.50	
2. ☐ Female, spayed	2.50	
3. Male, unneutered		
☐ under 6 months	7.50	
☐ 6	7.50	3.00
4. Female, unspayed		
☐ under 6 months	7.50	
☐ 6 mos. & over	7.50	3.00
5. ☐ Exemption (Guide dog, war dog, police dog, work dog, hearing dog, service	NO FEE	

STATE FEE _____

LOCALFEE _____

SPAYINEUTER 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 Dais Cleles Signatwe Date

If you have proof that your dog has his/her current rabies vaccination, you may mail this application with a copy of that proof to:

Brant Town Hall
PO Box 228
Brant, NY 14027