

TOWN OF DEPOSIT
3 ELM STREET
DEPOSIT, NY 13754
607-467-2433

OWNER INFORMATION

Name of Owner _____

Address _____

Deposit, NY 13754 Phone Number _____

DOG INFORMATION:

Breed _____ Color _____ Date of Birth _____

Dog's Name _____ Dog's Sex () Male () Female

Signature of Owner _____ Date _____

FEE SCHEDULE FOR LICENSES: (Checks made payable to Town of Deposit)

_____ Neutered/Spayed \$5.00* _____ Unneutered/Unspayed \$20.50

_____ Replacement ID Tag \$3.00

MUST INCLUDE A COPY OF A CURRENT RABIES VACCINATION AND PROOF OF NEUTERING/SPAYED FOR ALL NEW LICENSE OR RENEWAL LICENSE IF RABIES HAS EXPIRED.

RABIES IMMUNIZATION

Vaccination Date _____

Vac. Expiration Date _____

Veterinarian: _____

Manufacturer: _____

Serial#: _____