



# DOG LICENSE APPLICATION

## 1. OWNER INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First M.I. Last

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. PET INFORMATION

Pet's Name: \_\_\_\_\_ Sex:  Male  Female

Date of Birth: \_\_\_\_\_  Neutered  Spayed

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

## 3. VACCINATION INFORMATION

Rabies Vaccination Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Vaccine Manufacturer: \_\_\_\_\_ Serial #: \_\_\_\_\_ Tag#: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

## 4. FEES (Please make checks payable to Town of Guilderland)

- |                                                         |                                                                                   |
|---------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Unaltered: \$20.00             | <input type="checkbox"/> Senior Citizen (65 or older) Unaltered: \$10.00          |
| <input type="checkbox"/> Neutered or Spayed: \$10.00    | <input type="checkbox"/> Senior Citizen (65 or older) Neutered or Spayed: \$ 5.00 |
| <input type="checkbox"/> Under 6 months of age: \$10.00 |                                                                                   |
| <input type="checkbox"/> Replacement Tag: \$ 5.00       |                                                                                   |

## 5. REMEMBER

- Work dogs are exempt from licensing fee. You must have an official certificate for exempt status.
- Please enclose a current copy of the rabies vaccination certificate if expired. We will not accept bill or invoice.
- Please enclose a *copy* of your dog's neutering/spaying information if applicable.
- Upon receipt of all required information and payment, the Dog's license and tag will be mailed to the address listed above.