

DOG LICENSE APPLICATION

Town Clerk

Town of Minerva NY

Check One: ☐ New License ☐ Renewal License* ☐ Tag Replacement

*For Renewal, Provide Tag Number _____

OWNERS INFORMATION:

Name: _____

Address: _____

Mailing Address (if different): _____

Phone Number: _____ Email Address: _____

DOG INFORMATION:

Name: _____

Tattoo/Microchip Number: _____

Breed: _____

Color/Markings: _____

Approximate Weight: _____

Birth Date (if known): ____/____/____ or Approximate Age in Yrs.: _____

Sex: ☐ Male ☐ Female

Spayed/Neutered: ☐ Yes* ☐ No (*if yes provide proof)

*****COPY OF RABIES PROOF/CERTIFICATE IS REQUIRED*****

Owner's Signature: _____

----- For Office Use Only -----

Received Date: ____/____/____

Payment Amount: _____

Payment Method: ☐ Cash ☐ Check # _____

Received by: ☐ Mail ☐ In Person ☐ Drop Box

RABIES INFORMATION:

Veterinarian: _____ Vaccination Date: ____/____/____

Vaccine Manufacturer: _____ Serial #: _____

Duration of Vaccine: ☐ 1 ☐ 3 Yrs.

Spayed/Neutered: ☐ Yes ☐ No

License Number Issued: _____

Clerk Initials: _____