

DOG LICENSE APPLICATION

Town Clerk

Town of Minerva NY

New York State requires that all dogs over the age of 4 months be licensed. The Town Clerk issues dog licenses under the authority of the New York State Department of Agriculture and Markets.

To obtain a license, the owner must provide to the Town Clerk's Office with the following veterinary documentation:

- 1) Proof of Current Rabies Vaccination. License will not be issued if not provided.
- 2) Proof of the dog having been spayed or neutered, if applicable.

The dog license must be renewed on a yearly basis. Friendly Renewal Reminders are sent out the month prior to the expiration. Please report any change of address, transfer of ownership or deceased dog to the Town Clerk.

***If there is an issue with the application, payment or documentation, it will be NOT be processed.**

LICENSE FEES:

Spayed/Neutered Dogs: \$5.00/year

Unspayed/Unneutered Dogs: \$13.00/year

Tag Replacement: \$4.00

Exempt Dogs: NO FEE (Documentation Required; Guide dogs, detection, hearing, police, and service)

Make Checks payable to:

MINERVA TOWN CLERK

Mail to:

Minerva Town Clerk - Dog Licensing

PO BOX 909

5 Morse Memorial Hwy

MINERVA, NY 12851

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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: _____