



## Application for New\* Dog License

Town Clerk's Office  
Town of Perinton  
1350 Turk Hill Rd  
Fairport, NY 14450  
585.323.5550 Phone  
585.223.3629 Fax

Dog Information	Rabies Information (Required by NYS)
Breed:	<b>Provide documentation from vet**</b>
Name:	
Primary & Secondary Colors:	Name of Veterinary Practice:
Birth Year:	Manufacturer:
Gender:	Serum Lot #:
Spayed or Neutered? Y or N Provide documentation from vet**	Rabies Tag #:
Microchip #:	Vaccination Date:
	Vaccination Length:

Owner Information	
Name:	Phone:
Mailing Address:	
City, State & Zip:	
Email Address:	

### License Type (Select one)

- \$10  Neutered/Spayed  
\$5  Neutered/Spayed - Senior Fee (65 & Older)
- \$20  Unneutered/Unspayed  
\$15  Unneutered/Unspayed - Senior Fee (65 & Older)

Owner Signature:	Date:
------------------	-------

\* Not to be used for annual renewal.

\*\* Documentation will be returned to you.

Revised 4.6.17