



Application for New* Dog License

Town Clerk's Office
Town of Perinton
1350 Turk Hill Rd
Fairport, NY 14450
585.223.0770 Phone
585.223.3629 Fax

| Dog Information | Rabies Information (Required by NYS) |
|--|--------------------------------------|
| Breed: | Provide documentation from vet** |
| 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 11.9.18