

## **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 of Veterinary Practice: Name: **Primary & Secondary Colors:** Manufacturer: Birth Year: Serum Lot #: Gender: Rabies Tag #: Spayed or Neutered? Y or N Vaccination Date: Provide documentation from vet\*\* Microchip #: Vaccination Length: **Owner Information** Name: Phone: **Mailing Address:** City, State & Zip: **Email Address: License Type (Select one) ■** Neutered/Spayed \$10 \$5 ■ Neutered/Spayed - Senior Fee (65 & Older) **□**Unneutered/Unspayed \$20 ☐ Unneutered/Unspayed - Senior Fee (65 & Older) \$15 Owner Signature: Date:

<sup>\*</sup> Not to be used for annual renewal.

<sup>\*\*</sup> Documentation will be returned to you.