



DOG LICENSE APPLICATION

Office of the Town Clerk
 Sharon M. Knight, CMC/RMC
 23 Genesee Street
 Avon, New York 14414

Owner Identification (Person who harbors or keeps dog): Last Name, First Name _____		<i>For Town Clerk Use Only:</i> License Number _____ Date Issued _____ Print Name _____ Signature _____	
Address of Owner: _____ (Street) _____ (City) (State) (Zip) Telephone No.: _(_____)_____			
Name of Dog:	Dog Birth Year:	Dog Tattoo(s) or Marking(s):	
Dog Breed:	Dog Color(s):	Type of License (<i>Please check one</i>): <input type="checkbox"/> Male, neutered <input type="checkbox"/> Female, spayed <input type="checkbox"/> Male, un-neutered <input type="checkbox"/> Female, un-spayed <input type="checkbox"/> Exemption	
Please check one: <input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer of Ownership	Fee Schedule <ul style="list-style-type: none"> • Male neutered or female spayed - \$10.00 • Male un-neutered or female un-spayed, under 6 months - \$15.00 • Male un-neutered or female un-spayed, over 6 months - \$15.00 • Exemption (guide, war, police, hearing or service dogs) - No Fee 		
RABIES CERTIFICATE REQUIRED: _____ <i>Manufacturer</i> _____ <i>Date Vaccinated</i> 1-Yr <input type="checkbox"/> 3-Yr <input type="checkbox"/> _____ <i>Serial Number</i> _____ <i>Rabies Tag Number</i> Veterinarian Information: _____ <i>(Name of Veterinary Office)</i> _____ <i>(Street)</i> _____ <i>(City) (State) (Zip)</i> Telephone No.: (_____)_____			
		* If an owner is less than the age of 18, a parent/guardian shall be deemed the owner of record and the information must be completed by them.	
		Signature of Owner: _____ Date: _____	