



TOWN OF CHAZY

DOG LICENSE APPLICATION

P.O. Box 219
CHAZY, NY 12921
(518) 846-7544 EXT. 2
FAX: (518) 846-8981
CHAZYTCLERK@WESTELCOM.COM

DOG NAME _____
DOG BREED _____
DOG COLOR _____
DOG BIRTH YEAR _____

Provide copy of Certificate of Rabies Vaccination and proof of spay or neuter, if applicable. If microchipped, please provide copy of application or tag

Owner Name (Must be 18+) _____

Mailing Address/PO Box _____

Street Address, if Different _____

Phone Number _____

Email Address _____

Type of License

- Male, neutered
- Female, spayed
- Male, unneutered
- Female, unspayed

Fee

- \$10.00 (1 year)
- \$10.00 (1 year)
- \$20.00 (1 year)
- \$20.00 (1 year)

Make checks payable and remit to:

Chazy Town Clerk
PO Box 219
Chazy, NY 12921

OWNER'S SIGNATURE _____

DATE _____

CLERK'S SIGNATURE _____

DATE _____

OFFICE USE ONLY

LICENSE NO. _____

DATE ISSUED _____

EXP. _____

MICROCHIP NO. _____

One Year Vacc. Three Year Vacc.

Date Vaccinated _____

Veterinarian _____

Phone Number _____