



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**.

*****Invoices and vaccine reminder letters are not acceptable proofs of vaccination*****

Owner Name (Must be 18+) _____

Mailing Address/PO Box _____

Street Address, if Different _____

Phone Number _____ Email Address _____

<u>Type of License</u>	<u>Fee</u>	Make checks payable and remit to:
<input type="checkbox"/> Male, neutered	\$10.00 (1 year)	Chazy Town Clerk
<input type="checkbox"/> Female, spayed	\$10.00 (1 year)	PO Box 219
<input type="checkbox"/> Male, unneutered	\$20.00 (1 year)	Chazy, NY 12921
<input type="checkbox"/> Female, unspayed	\$20.00 (1 year)	

OWNER'S SIGNATURE DATE

CLERK'S SIGNATURE DATE

OFFICE USE ONLY, DO NOT WRITE IN THIS AREA

LICENSE NO. _____
DATE ISSUED _____
EXP. _____
MICROCHIP NO. _____

<input type="checkbox"/> One Year Vacc.	<input type="checkbox"/> Three Year Vacc.
Date Vaccinated _____	
Veterinarian _____	
Phone Number _____	