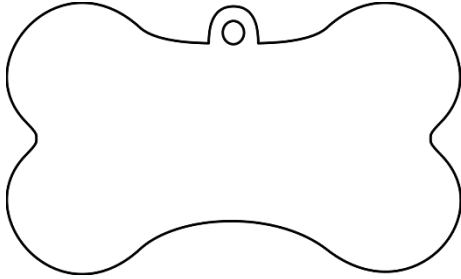




# Town of Schuyler Falls Town Clerk



## Dog License Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Dog's Information: \_\_\_\_\_

Name: \_\_\_\_\_

Birth Date/Year: \_\_\_\_\_

Breed: \_\_\_\_\_

Gender: \_\_\_\_\_

Dominant Color: \_\_\_\_\_

You are required by law to provide a copy of your Dog's rabies vaccination and veterinary proof of animal having been spayed or neutered.

Veterinarian's Name: \_\_\_\_\_

Date of Rabies Vaccination: \_\_\_\_\_

Date of Spay/Neuter: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_

(Signature of Owner)