

TOWN TOMPKINS  
PO Box 139  
148 Bridge Street  
Trout Creek, NY 13847  
607-865-5766

OWNER INFORMATION

Name of Owner \_\_\_\_\_

Address \_\_\_\_\_

Walton, NY 13856 Phone Number \_\_\_\_\_

DOG INFORMATION:

Breed \_\_\_\_\_ Color \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dog's Name \_\_\_\_\_ Dog's Sex ( ) Male ( ) Female

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

FEE SCHEDULE FOR LICENSES:(Checks made payable to Tania Backus/Town Clerk)

\_\_\_\_\_ Neutered/Spayed \$6.00\* \_\_\_\_\_ Unneutered/Unspayed \$13.00

\_\_\_\_\_ Replacement ID Tag \$3.00

**MUST INCLUDE A COPY OF A CURRENT RABIES VACCINATION AND PROOF OF NEUTERING/SPAYED FOR ALL NEW LICENSE OR RENEWAL LICENSE IF RABIES HAS EXPIRED.**

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RABIES IMMUNIZATION

Vaccination Date \_\_\_\_\_

Vac. Expiration Date \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Serial#: \_\_\_\_\_