To license your dog by mail, please supply the following information:

| Please Print: | | | |
|--|--------------------------|--------------------------------|------------------------------|
| Owner's Name: | | | |
| | | | () |
| Last Name | First Name | Middle Initial | Phone Number |
| | | | |
| | | | () |
| Email Address: | | | |
| Mailing Address: | | | |
| House Number | Street | | PO Box |
| City | State | Zip | County |
| · | | · | , |
| Dog's Name | | | |
| Dog's Breed | | _ Dog's Colors | |
| | | | |
| Other Id or Markings | | | |
| Dog's date/year of birth | | | |
| bog 3 date, year or birtir | | | |
| Please check the approp | riate information: | | |
| | | ificate Deguired) | |
| | ered (Veterinary Cert | | |
| Female, spa | yed (Veterinary Cer | tificate Required) | |
| Male, unne | utered | Female, unneutere | ed |
| Last Rabies Vaccination: | (Veterin | ary Certificate Required |) **IF YOU DON'T HAVE THE |
| | | OUR VETERINARIAN AND THI | |
| CAN CALL AND CONFIRM TH | E RABIES INFORMATION | l. | |
| | | | |
| The above information will be to you for your records. | oe entered into our comp | outer and we will print out th | ne license and return a copy |
| Make Checks Payable To: | Skaneateles Town Cler | ·k | |
| Fees: | Spay/Neutered | _ | |
| | \$7.50 | | |
| | \$2.50 Senior Citizen | | |
| | Unspayed/Unneutered | b | |
| | \$20.50 | | |
| | \$15.50 Senior Citizen | | |
| Return (with self-addressed | | | |
| | Julie A. Stenger, Town | Clerk | |
| | Town of Skaneateles | | |
| | 24 Jordan Street | | |
| | Skaneateles, NY 13152 | | |

If you have any questions, please call Town Clerk Julie A. Stenger at 685-3473