License No. _____   **TOWN OF LOCKPORT**   (July 2013)
DOG LICENSE APPLICATION

OWNER INFORMATION:

Owner's Name_____   Phone#_____

Address_____   Email:_____

_____   New License: Y   N

DOG INFORMATION:

Dog's Name_____   Dog's Gender: F   M

Dog Breed _____   Color _____

Dog's Birth Year _____   Spayed/Neutered: Y   N   Date ___/___/___

(Proof of Spaying/Neutering must accompany application)

RABIES INFORMATION: (**Copies of Rabies Certificate Must be Included**)

Date of Vaccination:___/____/____   Expiration Date: ____/____/____

Manufacturer:_____   Serial#_____

Veterinarian/Clinic Name_____

PAYMENT:

Mail Application, Rabies, Spay/Neuter Info. & payment to: Lockport Town Clerk
                                                                 6560 Dysinger Rd
FEES: Lockport, NY 14094
                                                                 (716) 439-9524

Spayed or Neutered Dog: $ 8.00

Unspayed//UnNeutered Dog: $18.00

AMOUNT ENCLOSED: $_____   Check/Money Order#_____

Owner's Signature_____   Date____/____/____