

**TOWN OF COVERT
TOWN CLERK
PO BOX 265
INTERLAKEN, NY 14847**

DOG LICENSE APPLICATION

PLEASE PRINT

Name: Date:
LAST FIRST MI MO DAY YEAR

Address 1:

Address 2:

Home Phone: Cell Phone:

Email Address:

Dog Name: Year of Birth:

Dog Breed: Dog Color(s):

Tattoo/Microchip: Markings:

RABIES IMMUNIZATION: Please attach a Rabies Immunization Certificate from the Veterinarian.

Rabies Manufacture _____ Serial Number _____ Circle: One Year or Three Year
Date Vaccinated _____ Date Expires _____ Veterinarian _____

<u>TYPE OF LICENSE</u>	<u>LOCAL FEE</u>	<u>SURCHARGE</u>	<u>TOTAL</u>
-------------------------------	-------------------------	-------------------------	---------------------

CHECK ONE

- | | | | | |
|--------------------------|------------------|----------|--------|---------|
| <input type="checkbox"/> | Male, Neutered | \$ 10.00 | \$1.00 | \$11.00 |
| <input type="checkbox"/> | Female, Spayed | \$ 10.00 | \$1.00 | \$11.00 |
| <input type="checkbox"/> | Male, Unneutered | \$ 20.00 | \$3.00 | \$23.00 |
| <input type="checkbox"/> | Female, Unspayed | \$ 20.00 | \$3.00 | \$23.00 |

OWNER'S SIGNATURE:

DATE:

FOR OFFICE USE ONLY

DATE PROCESSED: _____

INITIALS: _____