

Dog License Application

Town of Franklin

554 Main Street Franklin, NY 13775

607-230-0900

Mail: PO Box 63 Franklin, NY 13775

License Information- For Office Use

License No. _____

Issue Date _____

Expires _____

Spayed or Neutered? Yes No

*Fee Exemption? Yes No

License Type

- Original
- Renewal
- Transfer of Ownership

Rabies Certificate Information-For Office Use

Manufacturer _____

Serial Number _____

One Yr Vacc Three Yr Vacc

Date Vaccinated _____

Veterinarian _____

**If owner is under 18 years of age, parent or guardian must complete this application and the parent or guardian will be deemed the owner of record.

**Owner (of record) Information

Last Name: _____

First Name: _____

Middle Name: _____

Address: Street: _____

City: _____

State _____ ZIP _____ Telephone # _____ Email _____

Owner Mailing Address, if different from previous

Street: _____

City: _____

State _____ ZIP _____

Dog Identification:

Dog Name: _____ Breed _____ Color _____

Sex: M/F _____ Year of Birth _____ Microchip #/Info _____

Owner Signature _____ Signature of Clerk _____

Date: _____ Date: _____

* Fee Exemption: Guide Dog, War Dog, Police Dog, Hearing Dog, Service Dog (proof required)