

## 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)**