

APPLICATION FOR ORIGINAL DOG LICENSE

Office of the Town Clerk

P.O. Box 222

14 Frederick Street

Constantia, NY 13044

Owner's Name:

First

Last

Address:

Phone #:

(____) _____

Dog's Name: _____

Male: _____ Female: _____

Breed: _____ Color(s): _____ Year of Birth: _____

Rabies Vaccination (**Certificate from Veterinarian Required**)

Spayed/Neutered (**Proof Required**): \$ 7.00

Unspayed/Unneutered: \$15.00

- Check payable to: Constantia Town Clerk
- Must include self-addressed, stamped envelope
- **License, tag and documents will be returned promptly**
- Town Clerk's Office 623-9206