

**TOWN OF MAYFIELD
TOWN CLERKS OFFICE
P.O. BOX 308
MAYFIELD, NY 12117
518-661-5414**

NEW DOG LICENSE APPLICATION

OWNER INFORMATION

Name: _____

Mailing Address: _____

Home Phone: _____

Emergency Phone (Cell/Business/Other): _____

Email: _____

DOG INFORMATION

Name: _____

Address (if different then mailing): _____

Breed: _____

Color/Markings: _____

Male _____ Female _____ Spayed or neutered: Yes _____ No _____

Birth Date (if known): ____/____/____ Aprox. Age ____ Years ____ Months

**COPY OF RABIES CERTIFICATE / PROOF MUST BE PROVIDED
Current fees for spayed and neutered dogs are \$6.00. Dogs not fixed are \$13.00**

Date Received: _____ Cash: _____ Check # _____

Veterinarian: _____ Date vaccinated: ____/____/____ Vaccine Term: ____ (1) ____ (3) Yrs.

Vaccine Brand _____ Serial #: _____ Rabies Tag#: _____

Owner Signature: _____