

Attention Dog Owners

Town of Wilmington PO Box 180 Wilmington, NY 12997

Dog License Application

New York State Law requires that all dogs older than 4 months must be licensed in the Town, City or Village where the dog is harbored for a duration of 30 days or more.

Please complete all information

Date of Application: _____

OWNER INFO:

Owner Name: _____

Phone Number: _____ Email: _____

Address: *(please provide both mailing and street address)*

DOG INFO:

Breed:* _____

**If mixed breed indicate dominate breed if known
(i.e. Lab mix, Shepard mix, Terrier mix, etc.)*

Primary Color: _____

Secondary Color: _____

Tattoo #: _____

Markings: _____

Name: _____

Gender: _____

Birth Year: _____

Spayed/Neutered?* Yes No

**If yes, please provide a photocopy of the Spay/Neuter Certificate from the Veterinarian*

RABIES INFO:

Please be sure to provide a photocopy of the Rabies Certification from the Veterinarian

Veterinarian Name: _____

Vaccine Manufacturer: _____

Serum Lot Number: _____

Rabies Tag Number: _____

Vaccination Date: _____

Vaccination Length: 1 YEAR 2 YEARS 3 YEARS

LICENSE FEE: \$10.00 Spayed/Neutered \$20.00 Unspayed/Unneutered

Please make check or money order payable to: Town of Wilmington