

TOWN OF MARTINSBURG

PO BOX 8

MARTINSBURG NY 13404

Phone:(315) 376-2299 Fax: (315) 376-8722

TDD 1-202-720-6382

Email: mburg@ridgeviewtel.us

Supervisor Terrence Thisse
Town Clerk: Mary Kelley

Deputy Highway Sup't: Tyler Jones (315) 376-2309

DOG IDENTIFICATION

License No.		Microchip No.	
Date Issued	Expiration Date		
Dog Breed		Code	
Dog Color(s)		Code(s)	
Other ID	Dog's Yr. of Birth Last 2 Digits		
Markings		Dog's Name	

DOG LICENSE

LICENSE TYPE

- ORIGINAL RENEWAL
 TRANSFER OF OWNERSHIP

RABIES CERTIFICATE REQUIRED *

Rabies Vaccine:

Manufacturer _____

Serial Number _____

One Year Vacc. Three Year Vacc.

Date Vaccinated _____

Veterinarian _____

Owner Identification (Person who harbors or keeps dog): Last First Middle Initial

* OWNER'S PHONE NO.

Area Code

Mailing Address: House No. Street or R.D. No. and P.O. Box No.

Phone No.

City

State Zip

County

Town, City or Village

TYPE OF LICENSE

1. Male, neutered

Fee Spay/Neuter Fee

9.00 + 1.00

2. Female, spayed

9.00 + 1.00

3. Male, unneutered

under 4 months

4 mos. & over

17.00 + 3.00

4. Female, unspayed

under 4 months

4 mos. & over

17.00 + 3.00

5. Exempt dogs

LICENSE FEE _____

SPAY/NEUTER FEE _____

ENUMERATION FEE _____

TOTAL FEE _____

IS OWNER LESS THAN 18 YEARS OF AGE? YES NO IF YES, PARENT OR GUARDIAN SHALL BE DEEMED THE OWNER OF RECORD AND THE INFORMATION MUST BE COMPLETED BY THEM.

* 10.00 spayed/neutered

* 20.00 unspayed/unneutered

Owner's Signature _____

Date _____

Clerk's Signature _____

Date _____