

# TOWN OF MARTINSBURG

PO BOX 8  
 6682 ST RT 26  
 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 Supt: 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

- Male, neutered  
 Fee 9.00 + 1.00
- Female, spayed  
 Fee 9.00 + 1.00
- Male, unneutered  
 under 4 months  
 4 mos. & over  
 Fee 17.00 + 3.00
- Female, unspayed  
 under 4 months  
 4 mos. & over  
 Fee 17.00 + 3.00
- Exempt dogs

LICENSE FEE	_____
SPAY/NEUTER FEE	_____
ENUMERATION FEE	_____
TOTAL FEE	<u>10.00</u>

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 \_\_\_\_\_

This institution is an equal opportunity provider, and employer. To file a complaint of discrimination, write to: USDA, Director, Officer of Civil Rights, 1400 Independence Ave., S.W., Washington, DC 20250-9410 or call (800)795-3272 (voice) or (202)720-6382 (TDD)

Please fill out where indicated by \*