

DOG LICENSE RENEWAL OR A FIRST TIME LICENSE FORM:

DIRECTIONS:

- Fill in your name and address.
- All dog licenses are due June 30th of each year.
- Send proof of rabies and spayed or neutered dogs along with this form.
- Mark any applicable changes where indicated on form.
- All spayed/neutered dogs are \$10.00
- All unspayed/neutered dogs are \$20.00
- Be sure to sign the license at the bottom of form.
- Send check made out to the Pulteney Town Clerk along with all forms to the:

Pulteney Town Clerk
PO Box 214
Pulteney, NY 14873

Dog licenses are not final until processed through the Clerk's Office. You will receive the top portion of form back for proof of licensing.

Town of Pulteney

Pulteney Town Clerk
607-868-4222
P.O.Box 214
Pulteney, NY 14874

Dog License Renewal

Owner's Copy

License #:	Prev Exp Date:
Name:	New Exp Date:
Sex:	License Type:
Birth Year:	License Fee:
Breed:	State Surcharge:
Color:	PAY THIS AMOUNT:
	Amount Paid:

RABIES IMMUNIZATION

Supply Proof if Expiration is Blank or Lapsed

Vacc Date:
Vacc Exp Date:
Veterinarian:
Manufacturer:
Serial #:

Phone: _____ Email: _____

Please place a check next to any applicable changes:

- Dog is Deceased
- Dog is Lost or Stolen
- Change of Address *
- Transfer of Ownership *

Date of Change: / /
 * (New) Owner _____
 * Mailing Address: _____
 * City, State, Zip: _____
 * Phone Number: _____
 * Email Address: _____
 * County: _____

* Please fill out required fields

Transfer Of Ownership:

Instructions for Owner of Record - Complete this form and give it along with the ID tag to the new owner.

Instructions for New Owner - Present this form to the clerk of the Town, City, or Village in which the dog is to be harbored to transfer the license into your name.

All licenses are due the end of June each year. No reminders will be sent out so mark your calendars.

_____ Date

_____ Clerk's Signature

Town of Pulteney

License #:	Amount Paid:
Name:	Prev Exp Date:
Sex:	New Exp Date:
Birth Year:	License Type:
Breed:	License Fee:
Color:	State Surcharge:
	PAY THIS AMOUNT:

Dog License Renewal

Clerk's Copy

Make Checks Payable & Return to:

Town of Pulteney
P.O.Box 214
Pulteney, NY 14874

RABIES IMMUNIZATION

Vaccination Date:
Vac. Expiration Date:
Veterinarian:
Manufacturer:
Serial #:

_____ Owner's Signature

_____ Date