

TOWN OF PIERREPONT DOG LICENSE APPLICATION

Owner Name, Address & Phone # Rabies Immunization (copy of certificate required)

Vacc Date: _____

Vacc Exp Date Veterinarian: _____

Manufacturer: _____ Serial #: _____

Dog Information

Dog Name: _____ License Type: New or Renewal (circle one)

Sex: _____ License Fee: Spay/Neutered \$5.00

Birth year: _____ Unspayed/Unneutered \$13.00

Breed: _____

Color: _____

Other markings: _____

Owner signature: _____

Other markings: _____ Date: _____

**PLEASE INCLUDE PAYMENT, PROOF OF RABIES VACCINE & PROOF OF
SPAYING/NEUTERING TO:**

**Julian Filiatrault, Town Clerk
864 State Highway 68
Canton, NY 13617**

License and tag will be sent to you.

