

NEW DOG LICENSE APPLICATION FORM

(TO BE USED FOR MAIL IN NEW DOG LICENSE- IF YOU ARE LICENSING THE DOG IN PERSON
YOU DO NOT NEED TO FILL OUT THIS FORM)

OWNER NAME _____

OWNER ADDRESS _____

OWNER PHONE NUMBER _____

DOG NAME _____

DOG BREED _____

DOG COLOR _____

DOG BIRTH YEAR _____ Male/Female (circle one)

DOG SPAYED/NEUTERED Y/N _____ (PROOF REQUIRED)

SEND THIS APPLICATION TO: (check or money order payable to "Ashford Town Clerk")

ASHFORD TOWN CLERK
PATRICIA R. DASHNAW
P O BOX 306
WEST VALLEY, NY 14171

Also send in current rabies certificate (will be returned to you)
And fees \$16.50 for unspay/unneuter OR \$8.50 for spay/neuter

IF YOU HAVE QUESTIONS CALL 716 942 6016 EXT 4
OR EMAIL ashfordtownclerk@gmail.com