

NEW DOG LICENSE APPLICATION FORM

(TO BE USED FOR MAIL IN NEW DOG LICENSE- OR FOR LICENSING AT RABIES CLINIC)

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 (Checks or Money Order made payable to Ashford Town Clerk):

ASHFORD DEPUTY TOWN CLERK
JEAN I. KWASNIK
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 3

OR EMAIL ashfordtownclerk@gmail.com OR ashforddepclerk@gmail.com