

NORTH TONAWANDA DOG LICENSING

Name: _____

Phone: _____

Address: _____

Breed: _____

Primary Color: _____

Secondary Color: _____

Name of Dog: _____

Gender: Male **or** Female

Birth Year: _____

Spay/Neutered: Yes **or** No

Name of Veterinarian: _____

Rabies Date: _____

One Year _____

Three Year _____

If your pet is **Spayed/Neutered** license cost is: **\$10.00**

If your pet is **UNSPAYED/UNNEUTERED** license cost is: **\$20.00**

Cash or Check Only

Please include:

*Spay or Neuter Papers

*Rabies Papers

(Documents will be returned)

***Check Payable to "City Clerk"**

Send To:

North Tonawanda City Clerk

216 Payne Avenue

North Tonawanda, NY 14120

Signature _____