

Print and complete this form. Remit it, either in person or by mail, with the following:

- Completed application form
- Enclose payment
- Spay/neuter certificate\*
- Proof of current rabies vaccination, signed by a licensed veterinarian\*
- Preferred method of communication: email or USPS
  - \*These will not be returned to you, so feel free to send a photocopy

| <b>OW</b> | NFR | INFOR | ΜΔΤ | ION: |
|-----------|-----|-------|-----|------|
|           |     |       |     |      |

| Name:                 |                            |         |  |
|-----------------------|----------------------------|---------|--|
| Mailing Address:      |                            |         |  |
| Zip Code:             |                            |         |  |
| Phone Number:         |                            |         |  |
| Email Address:        |                            |         |  |
| DOG INFORMATION:      |                            |         |  |
| Dog Breed:            |                            |         |  |
| Dog Color(s):         |                            |         |  |
| Other Markings:       |                            |         |  |
| Microchip or Tattoo:  |                            |         |  |
| Birth Year:           |                            |         |  |
| Dog's Name:           |                            |         |  |
| SELECT LICENSE FEE:   |                            |         |  |
| ☐ Male, neutere       | ed .                       | \$13.00 |  |
| ☐ Male, unneutered    |                            | \$20.00 |  |
| ☐ Female, spaye       | <b>≥</b> d                 | \$13.00 |  |
| ☐ Female, unspa       | ayed                       | \$20.00 |  |
| ☐ Exempt              |                            | \$1.00  |  |
| LICENSE FEE           |                            | \$      |  |
| ☑ Add Tag fee (       | one-time mandatory fee)    | \$3.00  |  |
| TOTAL ENCLOSED        |                            | \$      |  |
| Please make checks pa | yable to "Town of Amherst" |         |  |
| Owner's Signature:    |                            | Date:   |  |

## Mail forms to

Attn: Dog Licensing Amherst Town Clerk's Office 5583 Main Street Williamsville, NY 14221