

DOG LICENSING INFORMATION FORM

Date: _____

Owner Information

Owners Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Dog Information

Dog Breed: _____

Primary Color: _____

Secondary Color: _____

Tattoos, Markings: _____

Name of Dog: _____

Gender: ___Male ___ Female

___ Spayed/Neutered (Attach Vet Proof) Birth Year: _____

___ Guiding Eyes (no charge for license)

___ Rabies (Attach copy of vaccination)

___ License Fee: \$11.00 Spayed/Neutered ___\$18.00 Unspayed/Unneutered
(Check payable to Town of Fremont)

Return to: Fremont Town Clerk, 8217 Cream Hill Road, Arkport, NY 14807

Any Questions please call 607-324-7786