

License No. \_\_\_\_\_

# TOWN OF LOCKPORT DOG LICENSE APPLICATION

(July 2013)

## OWNER INFORMATION:

Owner's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ New License: Y N

## DOG INFORMATION:

Dog's Name \_\_\_\_\_ Dog's Gender: F M

Dog Breed \_\_\_\_\_ Color \_\_\_\_\_

Dog's Birth Year \_\_\_\_\_ Spayed/Neutered: Y N Date \_\_\_/\_\_\_/\_\_\_

**(Proof of Spaying/Neutering must accompany application)**

## RABIES INFORMATION: (Copies of Rabies Certificate Must be Included)

Date of Vaccination: \_\_\_/\_\_\_/\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Manufacturer: \_\_\_\_\_ Serial# \_\_\_\_\_

Veterinarian/Clinic Name \_\_\_\_\_

## PAYMENT:

**Mail Application, Rabies, Spay/Neuter Info. & payment to:** Lockport Town Clerk  
6560 Dysinger Rd  
Lockport, NY 14094  
(716) 439-9524

### FEES:

Spayed or Neutered Dog: \$ 8.00

Unspayed//UnNeutered Dog: \$18.00

**AMOUNT ENCLOSED:** \$ \_\_\_\_\_ Check/Money Order# \_\_\_\_\_

Owner's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_