

**TOWN OF WHEATFIELD
DOG LICENSE**

LICENSE # _____

NEW LICENSE

RENEWAL

TRANSFER

DECEASED

OWNER INFORMATION

(CIRCLE ONE)

NAME _____

ADDRESS _____

CITY _____ ZIP _____ PHONE _____

DOG INFORMATION

PROVIDE COPIES OF SPAYED/NEUTERING FOR NEW LICENSE OR ANY CHANGES

DOG NAME _____ DOG'S BIRTH YEAR _____

DOG BREED _____ DOG'S GENDER F M

DOG'S COLOR _____ SPAYED/NEUTERED Y N

RABIES INFORMATION

PROVIDE COPIES OF RABIES CERTIFICATE FOR NEW LICENSE OR UPON EXPIRATION FOR RENEWAL

DATE OF VACCINATION _____ EXPIRATION DATE _____

VETERINARIAN/CLINIC NAME _____

PAYMENT/FEE'S PER YEAR: SPAYED/NEUTERED \$6.00 UNSPAYED/NEUTERED \$14.00

MAIL: LICENSE FORM, RABIES, SPAYED/NEUTERED INFORMATION AND PAYMENT WITH STAMPED SELF ADDRESSED ENVELOPE TO:

WHEATFIELD TOWN CLERK 716-694-6441
2800 CHURCH ROAD
NORTH TONAWANDA, NEW YORK 14120

Owner's Signature _____

Amount Enclosed _____

Check # _____ Cash _____

Clerk's Signature _____

Date _____