License No. _____

CITY OF LOCKPORT DOG LICENSE APPLICATION

(July2018)

1WO	NER	INFO)RMA	OITA	N:
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Owner's Name	Phone#	24
Address	Email:	
Q	New Licens	e: Y N
DOG INFORMATION:		
Dog's Name	Dog's Gender: F	M
Dog Breed	Color	
Dog's Birth Year Spaye	d/Neutered: Y N Date	//
(Proof of Spaying/Neute	ring must accompany app	lication)
RABIES INFORMATION: (Copie	s of Rabies Certificate Mus	st be Included)
Date of Vaccination://	Expiration Date:	<i>II</i>
Manufacturer:	Serial#	
Veterinarian/Clinic Name		
PAYMENT:		
Mail Application, Rabies, Spay/	Neuter Info. & payment to:	
FEES:		1 Lock Plaza Lockport, NY 14094
Spayed or Neutered Dog:	\$16.00	(716) 439-6676
Unspayed//Unneutered Dog:	\$28.00	
AMOUNT ENCLOSED: \$	Check/Money Order#	
Owner's Signature	Date/	