DOG IDENTIFICATION

License No.	Chk Code
Date Issued	Expiration Date
Dog Breed	
Dog Color(s)	
Other ID	Dogs Yr. of Birth
Markings	Dogs Name

Town of Oakfield
3219 Drake Street
Oakfield NY 14125
585-948-5835

DOG LICENSE

LICENSE TYPE
☐ ORIGINAL ☐ RENEWAL
☐ TRANSFER OF OWNERSHIP

RABIES CERTIFICATE REQUIRED
Rabies Vaccine:
Manufacturer_____
Serial Number_____
☐ One Year Vacc. ☐ Three Year Vacc.
Date Vaccinated_____
Veterinarian_____

Owners Identification (Person who harbors or keeps dog): Last First Middle Initial

Owner's Phone No. Area Code

Mailing Address: House No. Street or R. D. No. and P.O. Box No.

City **State** **Zip** **County Code**

County **Town, City or Village** **Town, City, Vil. Code**

TYPE OF LICENSE	**State Fee**
1. ☐ Male, neutered	$1.00
2. ☐ Female, spayed	$1.00
3. Male, unneutered	
☐ under 4 months	$3.00
☐ 4 mos. & over	$3.00
4. Female, unsprayed	
☐ under 4 months	$3.00
☐ 4 mos. & over	$3.00
5. ☐ Exempt dogs: Guide, war, police, detection dog, therapy dog, working search, hearing and service	NO FEE

STATE FEE_____
LOCAL FEE_____
SPAY/NEUTER FEE_____
ENUMERATION FEE_____
TOTAL FEE_____

IS OWNER LESS THAN 18 YEARS OF AGE? ☐ YES ☐ NO IF YES, PARENT OR GUARDIAN SHALL BE DEEMED THE OWNER OF RECORD AND THE INFORMATION MUST BE COMPLETED BY THEM.

Owner's Signature **Date** **Clerk's Signature** **Date**