

Dog License Application
Mail or drop off at:
Town of Barton
304 Rt. 17C
Waverly, NY 14892

\$14.00 Spay/Neutered
\$22.00 Unspayed/Unneutered

*Please include a copy of your most recent
Vaccination records.

Clerk Use only
Rabies Vaccination Information
Date Vaccinated:

M D Y Y Y Y

___1 year ___3 year

Veterinarian Name

Clerk Use only

License #: _____

Date issued: _____

Date expires: _____

LAST NAME, FIRST NAME, MIDDLE

HOUSE NUMBER

STREET ADDRESS

CITY, STATE, ZIP

MAILING ADDRESS (if different)

HOUSE NUMBER

STREET ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

EMAIL

DOG BREED:

SEX: MALE _____ FEMALE _____

COLOR(S):

NEUTERED/SPAYED: YES _____ NO _____

TATTOO/CHIP:

MARKINGS:

DOG'S NAME:

VET NAME:

YEAR OF BIRTH: