

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

\$13.00 Spay/Neutered
\$21.00 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 (circle): MALE FEMALE

COLOR(S): _____

NEUTERED/SPAYED (circle): YES NO

TATTOO/CHIP: _____

MARKINGS: _____

DOG'S NAME: _____

VET NAME: _____

YEAR OF BIRTH: _____