

**TOWN OF HORICON
DOG LICENSE APPLICATION**

Owners need to license their dog in the Town/Village/City of their primary residence

Please complete all information.

Date of Application: _____

OWNER INFO:

Owner Name: _____

Address: _____
(please provide both PO Box

mailing and street address) _____
Street No. & Name

_____ NY _____
City State Zip

Phone No. _____

DOG INFO:

Breed: * _____ *If mixed breed indicate dominant breed if known (i.e. Lab mix,

Primary Color: _____ Shepherd mix, Terrier mix), otherwise list as Other

Secondary Color: _____

Tattoo #: _____

Markings: _____

Name: _____

Gender: _____

Birth Year _____

Spayed/Neutered? Yes No

If yes, please provide a photocopy of the Spay/Neuter Certificate from the Veterinarian

RABIES INFO:

Veterinarian Name: _____

Vaccine Manufacturer: _____

Serum Lot Number: _____

Rabies Tag No.: _____

Vaccination Date: _____

Vaccination Length: 1 Year 2 Years 3 Years

Please be sure to provide a copy of the Rabies Certification from the Veterinarian

License Fee:

\$ 5.00 Spayed/Neutered

\$ 15.00 Unspayed/Unneutered

If you have any questions please call 518-494-4643.

Please make check or money order payable to: Town of Horicon

**Mail application, license fee, and certifications to: Town Clerk
Town of Horicon
PO Box 90
Brant Lake, NY 12815**

You should receive the license and tag within 5-7 business days of receipt of application.