

TOWN OF CONESUS DOG LICENSE APPLICATION

FOR OFFICE USE ONLY

License Number:

Receipt Number:

Date:

OWNER INFORMATION

Name:

Current address:

Apt No.

City:

State:

ZIP Code:

Phone No.

Email Address:

PET INFORMATION

Name:

Sex: Male Female

Birth Year:

Neutered Spayed

Breed:

Color:

Rabies Vaccination Date:

Expiration Date:

Vaccine Manufacturer:

Serial #:

Veterinarian:

City:

State/Zip:

A current Rabies Vaccination Certificate is required for all new licenses and all renewal licenses with expired vaccines.

FEE

Neutered or Spayed (Certificate Required)

Unaltered

\$16.00

\$25.00

Note: Work dogs are exempt from licensing fee. You must have an official certificate from the training organization for exempt status.

TRANSFER OF OWNERSHIP INFORMATION

Name of New Owner:

Date:

Address:

City:

State/Zip:

Phone #:

Email Address:

ADDITIONAL INFORMATION

My address changed

New Address:

City

State/Zip

Phone #:

My dog has been Sold (see above) Deceased

Lost

Stolen

Relinquished

Checks Payable To: Conesus Town Clerk

Town of Conesus
6210 South Livonia Rd.
PO Box 188
Conesus, NY 14435
(585)346-3130 ext 6
amcninch@town.conesus.ny.us