Town of Madison

Dog License Application

Tina Livermore, Madison Town Clerk

7358 State Route 20 Madison, NY 13402

Date: _____

| Madison, NY 13402 | | | | | | |
|--|--|---|---|--|--|--|
| | | License Type | | | | |
| Please circle o | ne: NEW | RENEWAL | OWNER TRA | ANSFER | | |
| | check or money e address listed a | order payable to "To bove. | wn of Madison" a | and mail this c | ompleted form and | |
| each year. Dog with multiple do than 18 years of must be comple • Applicat | g owners are requoss must license to old, a parent or legeted by them. cions for ownership to cknowledging the trees. | ired to have a dog l | icense tag attach cense is valid for e named the own panied by a written r. | ned to the dog' one year. If the of record and statement from | | |
| | <u> </u> | own or iviacis | on License | гее | | |
| Fee Schedule | -Spayed/neutered (new, renewal, transfer) Fee is same for kennels and breeders | | | | \$7.00 | |
| | -Not Spayed/n | -Not Spayed/neutered (intact) (new, renewal, transfer) \$15.00 | | | | |
| | 1 | ee is same for kennels and breeders Service Dogs including police, war, guide or hearing dog No Fee | | | | |
| | Total Amou | nt Enclosed | | \$ | | |
| Dog Informa | | | | | | |
| | | | Sex: F/M Birth Year: | | | |
| Breed: Color of Dog: (most dominant) | | | | | | |
| Special Markings: Spayed/Neutered: Yes/No Rabies Vaccine: Yes/No Date of Rabies and Vet Name: | | | | | | |
| RABIES Rabies vaccination certificate must be submitted along with this application account to the NYS law. Certificate must be valid for at least 30 days after obtaining a normal renewal or transfer license. (A rabies tag is not sufficient proof) A dog license where the best of the new along t | | | | | ter obtaining a new, A dog license will not | |
| Spay/Neute | Applications who apply for a new or transferred spayed/neutered license must subm proof from your veterinarian. Submit a copy only | | | | d license must submit | |
| Owner Infor | mation: | | | | | |
| Owner Last Name: First Name: | | | | | | |
| Home Address: | | | | | | |
| Telephone: Email: | | | | | | |

Signature of Owner: