TOWN OF HUME Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20 N. GENESEE ST. Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PO BOX 302 Lic # Issued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FILLMORE, NY 14735 Clerk’s Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# APPLICATION FOR A DOG LICENSE

Please check one: \_\_\_\_\_\_\_\_\_NEW \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RENEWAL

|  |  |
| --- | --- |
| OWNER’S NAME: |  |
| Street Address: |  |
| PO Box #: |  |
| City, ST, ZIP: |  |
| Phone #: |  |
| Email Address: |  |
| Dog’s Name: |  |
| Breed: |  |
| Dog’s Year of Birth: |  |
| Color (s): |  |
| Special Markings: |  |
| Rabies Vaccination Date: |  |
| Spay/Neuter Date: |  |

|  |  |
| --- | --- |
| Licence Type | FEE |
| Female Spayed | **$10.00** |
| Male Neutered | **$10.00** |
| Female Unspayed | **$18.00** |
| Male Unneutered | **$18.00** |

**Application MUST include Rabies Vaccination Certificate, Spay/Neuter Certificate, and proper payment. Apply in person or by mail (your records will be returned)**

OWNER SIGNATURE & DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_