

TOWN OF JUNIUS
DOG LICENSE APPLICATION

NAME: _____

DATE: _____

ADDRESS: _____

PHONE: _____

DOG NAME: _____

EMAIL ADDRESS: _____

DOG BREED: _____

TATTOO/MICROCHIP: _____

DOG COLOR: _____

DOG'S BIRTHDATE: _____

MARKINGS: _____

RABIES IMMUNIZATION

Please attach a Rabies Immunization Certificate from the veterinarian

TYPE OF LICENSE

FEE

Male, Neutered \$9 _____

Female, Spayed \$9 _____

** For spayed and neutered dogs, please attach certificate of verification from Veterinarian*

Male, Unneutered \$14 _____

Femaled, Unspayed \$14 _____

Owners Signature: _____