

Town of Hamilton
38 Milford Street
Hamilton, NY 13346

Phone (315) 824-3380
www.TownofHamiltonNY.gov

Clerk use only

Dog License Application

Name: _____

Address: _____
Street City State Zip

Mailing Address (If different from above):

Street City State Zip

Phone: Home: _____ Cell: _____

Email: _____

Dog Information:

Name: _____ Birth year: _____

Gender: () Female () Male Breed: _____ Color: _____

Distinctive markings: _____

Veterinarian: _____

Owner's Signature: _____ **Date:** _____

Proof of Rabies is required by law.

A Spay/Neuter certificate is required for the discounted fee.

Please provide copies or we can make a copy for you.

Fees:

Neutered--- \$7.00

Unneutered---\$15.00

Please make checks payable to: Town of Hamilton

OFFICIAL USE ONLY

Date Issued: _____

Rabies Certificate: () Yes () No

Tag #: _____

Spay/Neuter Certificate: () Yes () No

Clerk Signature: _____

Entered into BAS: _____ **Paid:** \$ _____ () Cash () Check # _____ () Credit Card