

DOG LICENSE APPLICATION

(For Office Use Only)

License No. _____

Issue Date: _____

Expiration Date: _____

Fee: _____

Town of Virgil
1176 Church Street
Virgil, NY 13045

LICENSE TYPE

___ Original ___ Renewal

___ Transfer of Ownership

Rabies Certificate Required
(For office Use Only)

Manufacturer: _____

Serial No.: _____

___ 1yr. ___ 3 yr. Vets

Name: _____

Date vaccinated: _____

Annual Fees:

Spayed or Neutered: \$10.00 annually (\$1.00 State Spay/Neuter surcharge, \$9.00 local fee)

Un-spayed/Unneutered: \$18.00 annually (\$3.00 spay/neuter surcharge, \$15.00

Exempt: no local fee, must pay state surcharge– Guide dog, war dog, police dog, hearing dog, service dog (proof Required)

Is owner under 18? If yes, parent or guardian shall be deemed the owner of record and th einformation must be completed by them.

Dog Owner: Complete the owner and dog identification portions below. Mail or bring to the Town Clerk’s Office with **proof of rabies vaccination, proof of spay/neuter if applicable**, and check payable to the Virgil Town Clerk or the appropriate amount. A validated copy of the application and license identification tag will be provided to you.

Owner Identification: (Person who owns or harbors the dog)

Name: Last, First, Middle

Telephone #

Street Address, City, State, Zip

Mailing Address (if Different) City, State Zip

E-Mail Address:

Name of Veterinarian:

Dog Identification:

Spayed or Neutered (Circle one) Yes No Sex(M/F) _____ Microchip # _____

Dog’s Name _____ Breed _____ Color _____

Special Markings _____ Year of Birth _____

Signature of Owner

Date

Signature of Clerk

Date

If you have any questions, please call our office at (607)835-6174 option #1
Visit us at www.VirgilNY.org