## TOWN OF MARCELLUS Office of the Town Clerk

22 East Main Street Marcellus, NY 13108 (315) 673-3269 ext. 0

Owner's Signature			Date						Clerk's Signature						Date					Date
	OWNER LES PARENT OF EM.									□ No ER OF		CORD	AND	THE	E INF	ORM	ATIO	ON M	1UST E	BE COMPI
5. ☐ Exen	npt Dog																			
	onths & Ove	r	\$14	.00																
	er 4 Months		\$14																	
4. Female			\$14							10	IAL	' LL						_		
	er 4 Months onths & Ove		\$14 \$14							TO	ΤΔΙ Ι	FEE:_								
	3. Male, Unneutered \$14.00 ☐ Under 4 Months \$14.00					ENUMERATION FEE:														
	.   Female, Spayed \$6.00					SPAY/NEUTER FEE:_														
	☐ Male, Neutered \$ 6.00				LICENSE FEE:															
YPE OF LICENS	<u>SE</u>		FEE																	
-MAIL									_											
						J				]										
WNERS PHON	E NUMBER		ARE	EA		1		PHON	NE	]	NUM	1BER			7					
							<u> </u>	1	<u> </u>			1	<u> </u>	<u> </u>						
lailing Address	s: House Nu	ımber,	Stree	t or F	R.D. N	lo. aı	nd PC	) Box	l	1		1	1	1		1				
														1	1					
wner Identific	ation (perso	n who	harb	ors o	r kee <sub>l</sub>	ps do	og: La	ast, Fi	rst, N	∕liddl	e Ini	tial								
												□ One Date Va				, [	☐ Thre	ee Yea	ar Vacc.	
(YYYY) Microchip					-						-									
Other ID Dog's Year of Birth			irth								Tag Number:									
Dog Color(s) Code(s)					-						Serial Number:									
Expires  Dog Breed  Code					☐ TRANSFER OF OWNERSHIP							— Manufacturer:								
Date Issued Da					$\square$ ORIGINAL $\square$ RENEWAL							Rabies Vaccine:								
License No.	Ι	Date Issu	ued	Dog License						RABIES CERTICATE REQUIRED										
											_									-

The following affidavit is to be filled out be the owner if unable to produce proof that the dog has been spayed/neutered:

## **AFFIDAVIT FOR SPAYED OR NEUTERED DOG**

County of Ononda	Dog	Dog I.D. Number					
City or Town	Marcellus						
1							being
duly sworn says th	at I am the ow	ner of a dog	as de	scribed as fo	llows:		
Breed							
Markings:		, Sex:		, Name:			
This dog was Spay	ed / Neutered	by Dr					
Address:							
State of:		on or about	t(date)	· 			
This affidavit is ma	ade to obtain a	license for	the do	g described a	bove.		
					(Ap	plicant)	
sworn to me on thi	is	dav of					
	(Officiant Name/	Title)					