## TOWN OF MARCELLUS Office of the Town Clerk

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

License No.		Date Issued	Dog License			RAI	RABIES CERTICATE REQUIRED			
		Date	☐ ORIGINAL ☐ RENEWAL			Rabies Vacc	ine:			
		Expires Code	☐ TRANSFER OF OWNERSHIP			Manufacture	er:			
Dog Color(s)		Code(s)	_			Serial Numb	Serial Number:			
Other ID Dog's	irth				Tag Number	Tag Number:				
Microchip		Dog Name				☐ One Year V		☐ Three Year V	/acc.	
Owner Identification (per	son who	harbors	or keeps do	g: Last, F	irst, Middl	e Initial				
OWNERS PHONE NUMBE	R	AREA		РНО	NE	NUMBER				
TYPE OF LICENSE		<u>FEE</u>								
<ol> <li>Male, Neutered</li> <li>Female, Spayed</li> <li>Male, Unneutered</li> <li>Female, Unspayed</li> <li>Exempt Dog</li> </ol>		\$ 10.00 \$ 10.00 \$ 20.00 \$ 20.00	) )							
IS THE OWNER L					□ Yes □ No OWNER OF		D THE INFO	ORMATION MI	UST BE COMPLETED	
Owner's Signature			Date	_	Cle	rk's Signaturo	e		 Date	

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)					