

Date: _____

Dog License Application

Town of Mexico
64 S. Jefferson St. PO Box 98
Mexico, NY 13114-0098
Phone: (315) 963-7633 Fax: (315) 963-8806

Owner Identification: (Any person who shelters or feeds the dog.)

Name of Owner: _____
Phone: _____ E-mail: _____
Address: _____ Mailing Address (if different): _____
City: _____ State: _____ Zip code: _____

Dog Information: (Please use a separate application for each dog.)

Dog Name: _____ Breed: _____
Primary Color/Markings: _____ Microchip: _____
Year of Birth: _____ Sex: Male Female Spayed/Neutered: YES NO

Licensing

All dogs 4 months of age or older are required by NYS Law to be licensed.

For validation of this license:

1. Submit by mail or in person:
 - this application
 - fee
 - certification of spaying/neutering or proof of exemption
 - proof of rabies vaccination to the Mexico Town Clerk at 64 S. Jefferson St, PO Box 98, Mexico, NY 13114.
2. Make checks payable to: Town of Mexico. Mail to: Mexico Town Clerk, PO Box 98, Mexico, NY 13114 or in person at 64 S Jefferson St, Mexico.

Type of License:

Spayed/Neutered: \$10.00 Unspayed/Unneutered: \$22.00

Signature of Owner: _____ Date: _____