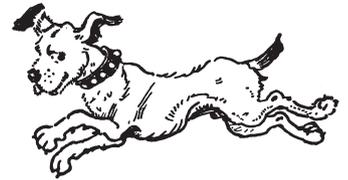




TOWN OF SPRINGFIELD, NY
TOWN CLERK
Email: townclerk@springfieldny.org
Phone: (315) 858-0008
Mailing Address: PO Box 176
Springfield Center, NY 13468



DOG LICENSE APPLICATION

Dog Owner Information:

Name of Owner: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Dog Identification:

Dog's Name: _____

Year of Birth: _____

Breed: _____

Gender: _____

Colors and Markings: _____

Microchip ID: _____

TYPE OF LICENSE: (Please Check One)

1-Year License for
Spayed/Neutered Dog
\$9.00 Total License Fee

1-Year License
for Intact Dog
\$18.00 Total License Fee

INCLUDE:

Copy of Rabies Vaccination Certificate from Veterinarian
Must include: Rabies Vaccine Manufacturer, Vaccine Serial/Serum Number,
Rabies Tag Number, Date of Vaccination, One- or Three-Year Vaccination.
Rabies vaccination **MUST** be valid for the duration of the 1-year license period.

Proof of Spay/Neuter (unless previously provided)

Application Instructions:

- 1.) Complete all information on the application and sign below before submitting.
- 2.) Complete a separate application form for each dog.
- 3.) Submit the following in person or by mail to the Springfield Town Clerk:
 - Dog License Application
 - Copy of Rabies Vaccination Certificate, valid for duration of license
 - Certificate of spaying or neutering or proof of exemption as applicable
 - License Fee - Please make checks payable to: Town of Springfield
- 4.) Upon acceptance, the Town Clerk will provide your 1-year Dog License(s) in person or by mail.

Applicant Signature: _____

Date: _____

Springfield Town Clerk, PO Box 176, Springfield Center, NY 13468