

TOWN OF CINCINNATUS
DOG LICENSE

To: RENEWAL ORIGINAL

LICENSE # _____ DUE DATE _____
NAME: _____ NEW EXPIRATION: _____
SEX: _____ TYPE: ALTERED _____ UNALTERED _____
BIRTH YEAR: _____ LOCAL 01 \$ _____
BREED: _____ SUR CHARGE \$ _____
COLOR: _____ PAYMENT DUE \$ _____ (ANNUAL)

TRANSFER OF OWNERSHIP: COMPLETE THIS FORM AND GIVE ALONG WITH ID TAG TO NEW OWNER.
PLEASE PLACE A CHECK MARK IN ANY APPLICABLE CHANGES:

DOG IS DECEASED * DATE OF CHANGE: _____ ***PROOF OF RABIES IMMUNIZATION ***
 DOG LOST OR STOLEN VACCINATION DATE: _____
 TRANSFER OF OWNERSHIP EXPIRATION DATE: _____
NEW OWNER NAME _____ VETERINARIAN: _____
MAILING ADDRESS: _____ MANUFACTURER: _____
SERIAL NUMBER: _____

OWNER SIGNATURE: _____ DATE: _____ CLERK SIGNATURE: _____ DATE: _____

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***** OWNERS COPY *****

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BIRTH YEAR: _____ LOCAL 01 \$ _____
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OWNER NAME: _____ ADDRESS: _____ *** PROOF OF RABIES IMMUNIZATION:
VACCINATION DATE: _____
EXPIRATION DATE: _____
VETERINARIAN: _____
MANUFACTURER: _____
SERIAL NUMBER: _____

OWNER SIGNATURE: _____ DATE: _____ CLERK SIGNATURE: _____ DATE: _____

RETURN: PART #1 & #2
MAIL TO: CINCINNATUS TOWN CLERK
P.O.B # 335
CINCINNATUS, N.Y. 13040