

CITY OF LOCKPORT
NEW DOG LICENSE APPLICATION

OWNER INFORMATION

OWNERS NAME: _____

PHONE #: _____

ADDRESS: _____

EMAIL: _____

DOG INFORMATION

NAME: _____

GENDER: M / F

COLOR: _____

SPAYED/NEUTERED: Y / N

DATE: __/__/__

BREED: _____

MICROCHIP # _____

BIRTH YEAR: _____

RABIES INFORMATION (COPY OF RABIES CERTIFICATE MUST BE INCLUDED)

DATE OF VACCINATION: __/__/__

TAG#: _____

EXPIRATION DATE: __/__/__

SERIAL#: _____

MANUFACTURER: _____

VETERINARIAN/CLINIC NAME: _____

PAYMENT INFORMATION:

CHECKS CAN BE MADE PAYABLE TO: CITY OF LOCKPORT

\$16.00 SPAYED/NEUTERED

AMOUNT ENCLOSED: _____

\$28.00 UNSPAYED/UNNEUTERED

OWNERS SIGNATURE _____ DATE: __/__/__

THIS APPLICATION CAN BE RETURNED TO THE DOG CONTROL OFFICER WINDOW, POLICE DEPARTMENT RECORDS WINDOW, IN THE NIGHT DEPOSIT LOCATED IN THE FRONT OF CITY HALL, OR MAILED TO THE ADDRESS LISTED:

CITY OF LOCKPORT
1 LOCKS PLAZA
LOCKPORT, NY 14094
716-439-6701