

**TOWN OF COVERT  
TOWN CLERK  
PO BOX 265  
INTERLAKEN, NY 14847**

**DOG LICENSE APPLICATION**

PLEASE PRINT

Name:  Date:  /  /   
LAST FIRST MI MO DAY YEAR

Address 1:

Address 2:

Home Phone:  Cell Phone:

Email Address:

Dog Name:  Year of Birth:

Dog Breed:  Dog Color(s):

Tattoo/Microchip:  Markings:

**RABIES IMMUNIZATION: Please attach a Rabies Immunization Certificate from the Veterinarian.**

Rabies Manufacture \_\_\_\_\_ Serial Number \_\_\_\_\_ Circle: One Year or Three Year

Date Vaccinated \_\_\_\_\_ Date Expires \_\_\_\_\_ Veterinarian \_\_\_\_\_

**TYPE OF LICENSE**                      **LOCAL FEE**      **SURCHARGE**                      **TOTAL**

**CHECK ONE**

- Male, Neutered                      \$ 10.00                      \$1.00                      \$11.00
- Female, Spayed                      \$ 10.00                      \$1.00                      \$11.00
  
- Male, Unneutered                      \$ 20.00                      \$3.00                      \$23.00
- Female, Unspayed                      \$ 20.00                      \$3.00                      \$23.00

OWNER'S SIGNATURE:

DATE:

**FOR OFFICE USE ONLY**

**DATE PROCESSED:** \_\_\_\_\_

**INITIALS:** \_\_\_\_\_