

TOWN OF LIVONIA DOG LICENSE FORM

Do not renew your dog license using this form. We will mail you a renewal form when it is time for you to renew.

Instructions:

- Complete this form and submit it along with a current Rabies Vaccination Certificate for each dog, proof of spay/neuter (if applicable) and payment in the amount of the total fees.
- By mail: Make checks payable to Livonia Town Clerk. Mailing address: Livonia Town Clerk, PO Box 43, Livonia, NY 14487. (License tag(s) will be mailed to the mailing address listed below.)
- In person: If you prefer to pay in person, office hours are Monday through Friday, 8:30 AM to 4:30 PM. We can accept cash, check, credit or debit for in-person payments. Additional fees apply for credit/debit transactions.

Owner Information:

Name: _____ Phone Number: _____

Email address: _____

Mailing Address: _____

Physical Address: _____

(If different from mailing address)

DOG #1

Name: _____ Birth Year: _____ Breed: _____

Primary Color: _____ Secondary Color: _____ Sex: Female Male

Fee Type: *Spay/Neuter \$10.50

Unspayed/un-neutered \$15.50

*Please include proof, such as certificate from vet

DOG #2

Name: _____ Birth Year: _____ Breed: _____

Primary Color: _____ Secondary Color: _____ Sex: Female Male

Fee Type: *Spay/Neuter \$10.50

Unspayed/un-neutered \$15.50

*Please include proof, such as certificate from vet

DOG #3

Name: _____ Birth Year: _____ Breed: _____

Primary Color: _____ Secondary Color: _____ Sex: Female Male

Fee Type: *Spay/Neuter \$10.50

Unspayed/un-neutered \$15.50

*Please include proof, such as certificate from vet

To license additional new dogs, please use back of this form.

DOG #4

Name: _____ Birth Year: _____ Breed: _____

Primary Color: _____ Secondary Color: _____ Sex: Female Male

Fee Type: *Spay/Neuter \$10.50

Unspayed/un-neutered \$15.50

*Please include proof, such as certificate from vet

DOG #5

Name: _____ Birth Year: _____ Breed: _____

Primary Color: _____ Secondary Color: _____ Sex: Female Male

Fee Type: *Spay/Neuter \$10.50

Unspayed/un-neutered \$15.50

*Please include proof, such as certificate from vet

DOG #6

Name: _____ Birth Year: _____ Breed: _____

Primary Color: _____ Secondary Color: _____ Sex: Female Male

Fee Type: *Spay/Neuter \$10.50

Unspayed/un-neutered \$15.50

*Please include proof, such as certificate from vet