## Dog License Information Town of New Haven

Date					
Name of Owner					
Physical Address				NIV/	
		City	State	NY	Zip
Mailing Address	Street	City	State	NY	Zip
Home Phone	Work / Cell				
E-Mail Address					
Breed	Color Tattoo/Chip #				
Markings	Dog's Name				
Year of Birth					
Date Rabies Given _	(Please provide certificate of Vaccination)				
# Of Years Rabies Sh	ot Given for (	(1 or 3):			
Spayed/Neutered: You	esNo _	<b>(</b> Please	provide <b>Spay/I</b>	Neuter certi	ficate.)
Dog Size—Large / Me	edium / Small				
Long Hair / Short Hai	r				
Male / Female					
If mixed breed, indica	ate if dog lool	ks like a part	icular breed.		
A license may be issue provided, that no license eleventh month following licensed.	se shall be iss	ued for a per	iod expiring aft	er the last d	ay of the
Years Licensed issue	ed for: (1 2	or 3)			
Fee of \$7.00/year spa \$15.00/year unspayed			X \$		
Amount enclosed:			\$		
Owner Signature					