

# Town of Arkwright Dogs License

**In person the 2<sup>nd</sup> Saturday of the Month from 10:00 am to Noon at**  
**2418 Route 83 Fredonia NY or by mail along with a self addressed stamped envelope to:**  
**Wendy Lord 2418 Route 83 Fredonia, NY 14063**  
**Rabies Certification is required. Make Checks payable to Town of Arkwright.**

## DOG IDENTIFICATION

License No. (and /or)AKC No.		Microchip No.	
Date Issued		Expiration Date	
Dog Breed		Code	
Dog Color(s)		Code(s)	
Other ID	Dog's Yr. of Birth Last 2		
Digits			
Markings		Dog's Name	

## TOWN OF ARKWRIGHT

2418 Route 83  
 Fredonia NY 14063  
 716-672-2090

## DOG LICENSE

LICENSE TYPE  
 ORIGINAL

TRANSFER OF OWNERSHIP

### RABIES CERTIFICATE REQUIRED

Rabies Vaccine:

Manufacturer \_\_\_\_\_

Serial Number \_\_\_\_\_

One Year Vac.     Three Year Vac.

Date Vaccinated \_\_\_\_\_

Veterinarian \_\_\_\_\_

Current tag # \_\_\_\_\_

**Please be sure to fill out all information below:**

<b>Owner Identification (Person who harbors or keeps dog):</b> Last First Middle Initial	<b>OWNER'S PHONE NO.</b>

**Mailing Address:** House No. Street or R.D. No. and P.O. Box No. Phone No.

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**City** **State** **Zip**

	N	Y	
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**County** **Town, City or Village**

C H A U T A U Q U A	A R K W R I G H T
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TYPE OF LICENSE	Fee	NYS Fee	
1. <input type="checkbox"/> Dog, Altered (spayed, neutered)	5.00	1.00	= 6.00
2. <input type="checkbox"/> Dog, Unaltered	15.00	3.00	=18.00

LICENSE FEE _____
NYS FEE _____
<b>TOTAL FEE</b> _____

Owner's Signature \_\_\_\_\_ Clerk \_\_\_\_\_ Date \_\_\_\_\_

<b>CHECK:</b>		<b>STATUS CHANGE REPORT</b>	
	DOG IS DECEASED		
	DOG IS GONE	DATE:	
	TRANSFER OF OWNERSHIP	NEW OWNER'S NAME:	
		NEW OWNER'S ADDRESS:	

Please do not write below this line. Clerk only.

**Name of Dog:** \_\_\_\_\_ **License No.** \_\_\_\_\_ ( \_\_\_\_\_ )

**ate Issued:** \_\_\_\_\_ **Date Vaccinated:** \_\_\_\_\_ **TOTAL FEE:** \_\_\_\_\_