

TOWN OF FABIUS

To license your dog by mail, please supply the following information:

PLEASE PRINT

Owner's Name: _____ () _____

Last First M. **Area Code/ Home Phone Number**

Address: _____ **PO Box** _____

Street Address

City: _____

City State Zip Code County

Email: _____ () _____

Area Code / Cell Phone Number

License Type

Original License **Transfer of Ownership** **Renewal**

Dog's Name: _____ **Breed:** _____

Dog's Color(s): _____ **Other Id or Markings:** _____

Dog's Date & Year of Birth: _____ **Microchip No.** _____

Please check the appropriate information:

_____ Male, Neutered (**Veterinary Certificate Required**) _____ Male, Unneutered

_____ Female, Spayed (**Veterinary Certificate Required**) _____ Female, Un-spayed

Last Rabies Vaccination: _____ (**Veterinary Certificate Require**)

Manufacturer: _____ **Serial Number:** _____

_____ **1 Year Vaccination** _____ **3 Year Vaccination**

Veterinarian: _____ **Phone:** _____

The above information will be entered into our computer and we will print out a license and return a copy to you for your records along with your dog license tag.

Signature: _____ **Date:** _____

Make Checks Payable to: Fabius Town Clerk

Fees: \$8.00 - Spayed/ Neutered (1 YR)

\$15.00 – Unspayed / Unneutered

Return with a self addressed stamped envelope to:

Fabius Town Clerk
7786 Main Street
Fabius, NY 13063