



Town of Carlton

14341 Waterport-Carlton Rd
Albion, NY 14411
585-682-4358

Dog License Application

Owner's Name _____ Phone _____

Address _____

Email _____

Dog Information:

Dog's Name _____ Dog's Gender: Female () Male ()

Dog's Breed _____ Primary Color _____

Dog's Chip # _____

Dog's Birth Year _____ Spayed/Neutered: (Yes) (No) Date: _____

(Proof of Spaying/Neutering must accompany application)

Rabies Information: (Copies of Rabies Certificate Must be Included)

Payment: Mail application, Rabies, Spay/Neuter Information and & payment to:

Town of Carlton
14341 Waterport-Carlton Rd
Albion NY 14411

Fees:

Spayed or Neutered Dog: **\$7.00**

Unspayed or UnNeutered Dog: **\$15.00**

Amount Enclosed \$ _____

Check/Money Order # _____

Date

Signature of Owner