

**TOWN OF HORICON  
DOG LICENSE APPLICATION**

Please complete all information.

Date of Application: \_\_\_\_\_

**OWNER INFO:**

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(please provide both PO Box

mailing and street address) \_\_\_\_\_  
Street No. & Name

\_\_\_\_\_ NY \_\_\_\_\_  
City State Zip

Phone No. \_\_\_\_\_

**DOG INFO:**

Breed: \* \_\_\_\_\_ \*If mixed breed indicate dominant breed if known (i.e. Lab mix,

Primary Color: \_\_\_\_\_ Shepherd mix, Terrier mix), otherwise list as Other

Secondary Color: \_\_\_\_\_

Microchip #: \_\_\_\_\_

Markings: \_\_\_\_\_

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Birth Year \_\_\_\_\_

Spayed/Neutered?  Yes  No

**If yes, please provide a photocopy of the Spay/Neuter Certificate from the Veterinarian**

**RABIES INFO:**

Veterinarian Name: \_\_\_\_\_

Vaccine Manufacturer: \_\_\_\_\_

Serum Lot Number: \_\_\_\_\_

Rabies Tag No.: \_\_\_\_\_

Vaccination Date: \_\_\_\_\_

Vaccination Length:  1 Year  2 Years  3 Years

**Please be sure to provide a copy of the Rabies Certification from the Veterinarian**

**License Fee:**

\$ 5.00 Spayed/Neutered

\$ 15.00 Unspayed/Unneutered

If you have any questions please call 518-494-4643.

**Please make check or money order payable to: Town of Horicon**

**Mail application, license fee, and certifications to:** Town Clerk  
Town of Horicon  
PO Box 90  
Brant Lake, NY 12815

You should receive the license and tag within 5-7 business days of receipt of application.