



CITY OF BINGHAMTON

38 Hawley Street, Binghamton, NY 13901
Phone 607-772-7005 Fax 607-772-7155

DOG LICENSE APPLICATION

OWNER (Person who owns dog on Rabies Certificate): Last, First, Middle Initial

House # Street Apt #

City State Zip

Email Address (Optional) Owner's Phone #

Dog Identification

Name _____

Gender(Male/Female)_____

Year of Birth_____

Mix/Breed_____

Primary Color_____

Secondary Color_____

Markings_____

Tattoo Chip #_____

Rabies

A current anti-rabies certificate **MUST** accompany this application

Date Vaccinated_____

Rabies tag #_____

Veterinarian_____

Spay/Neuter

If a dog is spayed or neutered, certification **MUST** accompany this application

Date of Spay/Neuter_____

Veterinarian_____

Fee Information (payable by cash, local bank check or money order made out to "City of Binghamton")

- | | | | |
|---|---------|---|---------|
| <input type="checkbox"/> Male, Neutered | \$15.00 | <input type="checkbox"/> Male, Unneutered | \$25.00 |
| <input type="checkbox"/> Female, Spayed | \$15.00 | <input type="checkbox"/> Female, Unspayed | \$25.00 |

If owner is less than 18 years old, parent or guardian shall be deemed owner and must complete this application. **Identification is required at time of licensing (Driver's/Non-Drivers License, Sherriff ID)**

Owner's Signature _____

Date _____

*Proof of address required if current address is different than what is on identification please bring recent mailing with owner's name and correct address