DOG IDENTIFICATION

License No.	Chk Code

Date Issued	Expiration Date

Dog Breed	CODE

Dog Color(s)	CODES(S)

Other ID / Dog's Yr of Birth Last 2 digits	

Markings Dog's Name

CITY OF OLEAN DOG LICENSE

Issuing County Code/TCV Code

LICENSE TYPE

☐ ORIGINAL ☐ RENEWAL

☐ TRANSFER OF OWNERSHIP

RABIES CERTIFICATE REQUIRED

Rabies Vaccine

Manufacturer: _____

Serial Number: _____

☐ One Year Vacc. ☐ Three Year Vacc.

Date Vaccinated: _____

Veterinarian: _____

Owner Identification (Person who harbors or keeps dog): Last First Middle Initial

Owner's Phone No. Area Code

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

Phone No.

City State Zip County Code

County Town, City or Village Town, City Vill Code

TYPE OF LICENSE	Local Fee	State Fee	Spay/Neuter Fee
1. ☐ Male, neutered	14.00	1.00	
2. ☐ Female, spayed	14.00	1.00	
3. Male, unneutered			
☐ under 4 months	22.00		
☐ 4 mos & over	22.00		3.00
4. Female, unspayed			
☐ under 4 months	22.00		
☐ 4 mos & over	22.00		3.00
5. ☐ Exempt Dogs: Guide, war, police, detection dog, therapy dog, working search, hearing and service	NO FEE		

STATE FEE _____

LOCAL FEE _____

SPAY/NEUTER FEE _____

ENUMERATION FEE _____

TOTAL FEE _____

IS OWNER LESS THAN 18 YEARS OF AGE? ☐ YES ☐ NO IF YES, PARENT OR GUARDIAN SHALL BE DEEMED THE OWNER OF RECORD AND THE INFORMATION MUST BE COMPLETED BY THEM.

Owner's Signature **Date** **Clerk's Signature** **Date**