

Town of Arkwright Dogs License

In person Tuesday 4pm-7pm or Saturday 10am-1pm

9543 Center Rd Fredonia NY or by mail along with a self addressed stamped envelope to:

Jane Lindquist 9543 Center Rd Fredonia, NY 14063

Rabies Certification is required. Make Checks payable to Town of Arkwright.

DOG IDENTIFICATION

License No. (and /or) AKC No.		Microchip No.	
Date Issued	Expiration Date		
Dog Breed	Code		
Dog Color(s)	Code(s)		
Other ID	Dog's Yr. of Birth Last 2		
Digits			
Markings	Dog's Name		

TOWN OF ARKWRIGHT

9543 Center Rd
Fredonia NY 14063
716-679-4445

DOG LICENSE

LICENSE TYPE
ORIGINAL

TRANSFER OF OWNERSHIP

RABIES CERTIFICATE REQUIRED

Rabies Vaccine:

Manufacturer _____

Serial Number _____

___ One Year Vac. ___ Three Year Vac.

Date Vaccinated _____

Veterinarian _____

Current tag #

Please be sure to fill out all information below:

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

Town, City or Village

C H A U T A U Q U A A R K W R I G H T

TYPE OF LICENSE

1. Dog, Altered (spayed, neutered)	Fee 5.00	NYS Fee 1.00	= 6.00
2. Dog, Unaltered	15.00	3.00	= 18.00

LICENSE FEE

NYS FEE

TOTAL FEE

Owner's Signature

Clerk

Date

CHECK:

STATUS CHANGE REPORT

DOG IS DECEASED

DOG IS GONE

TRANSFER OF OWNERSHIP

DATE:

NEW OWNER'S NAME:

NEW OWNER'S ADDRESS:

Please do not write below this line. Clerk only.

Name of Dog: _____

License No. _____ ()

Date Issued: _____

Date Vaccinated: _____ TOTAL FEE: _____