

TOWN OF WALTON

129 North Street
Walton, NY 13856
607-865-5766

OWNER INFORMATION:

Name of Owner _____

Address _____

Walton, New York 13856

Phone Number _____

DOG INFORMATION:

Breed _____ Color _____ Date of Birth _____

Dog's Name _____ Dog's Sex Male Female

Signature of Owner _____ Date _____

FEE SCHEDULE FOR LICENSES: (Checks made payable to the Ronda Williams/Town Clerk)

___ Neutered/Spayed \$6.00*

___ **Un**Neutered/**Un**Spayed \$15.00

Total Enclosed \$ _____

MUST ENCLOSE A COPY OF A CURRENT RABIES VACCINATION AND *PROOF OF NEUTERING/SPAYING