

TOWN OF WALTON

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

OWNER INFORMATION

Name of Owner _____

Address _____

Walton, NY 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 Ronda Williams/Town Clerk)

_____ Neutered/Spayed \$6.00*

_____ Unneutered/Unspayed \$15.00

_____ Replacement ID Tag \$3.00

MUST INCLUDE A COPY OF A CURRENT RABIES VACCINATION AND PROOF OF NEUTERING/SPAYED FOR ALL NEW LICENSE OR RENEWAL LICENSE IF RABIES HAS EXPIRED.

RABIES IMMUNIZATION

Vaccination Date _____

Vac. Expiration Date _____

Veterinarian: _____

Manufacturer: _____

Serial#: _____