

TOWN OF EATON

35 Cedar Street | Morrisville, NY 13408 (315) 684-8051 eatonclerk@cnymail.com www.townofeaton.com Clerk use only

Dog License Application

Name:			
Address:			
Street	City	State	Zip
Mailing Address (If different from above):			
Street	City	State	Zip
Phone: Home:	Cell:		
Email:			
Dog Information:			
Name:	Birth year:		
Gender: () Female () Male Breed:		Color:	
Distinctive markings:			
Veterinarian:			
			5 .4
Owner's Signature:			Date:
A Spay/Neuter certificat		quired by law.	
Please provide cop	_		
	Fees:		
Snaved		l \$10.00	
		red\$18.00	
		le to: Town of E	aton
OFFICIAL USE ONLY	payab		
	Rabies Certi	ificate: () Yes	() No
		r Certificate: (• •
Clerk Signature:	_ • ·	·	
Entered into WLB: Paid: \$	() Cash () Check # (Credit Card