DOG LICENSE FORM

(Please remember we need proof of rabies and spay/neuter if licensing new dog)

Mail to: Town of Barker Town Clerk, PO Box 66 Castle Creek NY 13744

In person: Barker Town Hall, 151 Hyde Street, Castle Creek NY

PLEASE CONTACT THE TOWN CLERKS OFFICE AT 607-648-4445 WITH QUESTIONS

OWNER INFORMATION

Name_____ **Phone**_____

Mailing address_____

Physical Address (if different than mailing address) _____

I do not own a dog_____ **My dog is currently licensed**_____

License #_____

DOG INFORMATION

Name_____ **Breed**_____

Color/colors_____ **Birth year**_____

Male or Female (circle one)

Spayed or Neutered ___**YES** ___**No**

Signature_____ **Print name**_____

Date_____