TOWN OF GATES
1605 Buffalo Road, Rochester, NY 14624
(585) 247-6100

DOG LICENSE APPLICATION

Dog Identification:

Dog's Name: _____
Dog's Birth Year: _____
Dog Breed: _____
Dog Color(s): _____
Markings: _____
Other ID: _____

Rabies and Spay/Neuter Certificates Required:

SUBMIT CERTIFICATES WITH THIS FORM.
Rabies Certificate and Spay/Neuter certificate will be returned to owner with validated license.

Veterinary Hospital or Clinic:

_____

☐ Original ☐ Renewal ☐ Transfer of Ownership

Is owner less than 18 years of age? ☐ Yes ☐ No If yes, parent or guardian shall be deemed owner of record and the information must be completed by them.

Owner Information (Person who harbors or keeps dog):

Last First Middle

Address: House Number and Street

City, Town, Village State Zip Code

Owner's Phone No. (Including area code)

Home Phone Cell Phone

Type of License:

1. ☐ Male Neutered
2. ☐ Female Spayed
3. ☐ Male, Unneutered
4. ☐ Female, Unspayed
5. ☐ Exemption
   (Guide dog, hearing dog, war dog, police dog, work dog, hearing dog, service dog

Fees:

Neutered or Spayed Dogs - $10.00
Unneutered or Unspayed Dogs - $20.00

Guide/Hearing/ Service Dogs – No Fee
(Proof of Certification ID # is necessary)

Senior Owners 65+ years:
Neutered or Spayed Dogs - $5.00
Unneutered or Unspayed Dogs - $15.00

(Proof of age by Driver's License or Non-Driver ID)

Please remit check payable to the Town of Gates, submitting Rabies Certificate and Spay/Neuter Certificate as necessary.

Owner's Signature: _____ Date: _____