TOWN OF LAFAYETTE

To license your dog by mail, please supply the following information:

PLEASE PRINT

Owner's Name: _____ (____)_____
Last **First** **M.** **Area Code/ Home Phone Number**

Address: _____ _____
Street Address **PO Box**

City: _____
City **State** **Zip Code** **County**

Email: _____ (____)_____
Area Code / Cell Phone Number

License Type

☐ **Original License** ☐ **Transfer of Ownership** ☐ **Renewal**

Dog's Name: _____ **Breed**: _____
Dog's Color(s): _____ **Other Id or Markings**: _____
Dog's Date & Year of Birth: _____ **Microchip No.** _____

Please check the appropriate information:

_____ Male, Neutered **(Veterinary Certificate Required)** _____ Male, Unneutered
_____ Female, Spayed **(Veterinary Certificate Required)** _____ Female, Un-spayed

Last Rabies Vaccination: _____ **(Veterinary Certificate Require)**
Manufacturer: _____ **Serial Number**: _____
_____ **1 Year Vaccination** _____ **3 Year Vaccination**
Veterinarian: _____ **Phone**: _____

The above information will be entered into our computer and we will print out licenses and return a copy to you for your records along with your dog license tag.

Signature: _____ **Date**: _____

Make Checks Payable to: LaFayette Town Clerk
Fees: $8.00 - Spayed/ Neutered (1 YR) / $16 – (2 YRS) / $24 (3 YRS)
$20.00 – Un-spayed / Unneutered / $40 – (2 YRS) / $60 (3 YRS)

****** YOU CAN LICENSE YOUR DOG UP TO THREE (3) YEARS DEPENDING ON ITS RABIES VACCINATION EXPIRATION ******

Return with a self addressed stamped envelope to:
LaFayette Town Clerk
PO Box 193
LaFayette, New York 13084

****** PLEASE BE SURE TO HAVE YOUR DOGS ID ON IT AT ALL TIMES IN THE EVENT THAT IT IS LOST OR PICKED UP BY A STRANGER ******