

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 - \$9.00
 Unneutered or Unspayed Dogs - \$18.00
- 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 - \$14.00
 (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: _____