DOG IDENTIFICATION		1375 Ridge Roa	d		
License No.	se No. Chk Code		92	RABIES CERTIFICATE REQUIRED One Year Vaccination	
Date Issued Expi	ration Date	Lewiston, NY 14092 716-754-8213			
Dog Breed Code		DOG LICENSE Issuing County Code/TCV Code		Three Year Vaccination	
Dog Color(s)	Code(s)	2 9 0	3		
Other ID Dog's Yea Birth Last	r of 2 Digits	LICENSE TYPI		Date Vaccinated	
Markings Dog's Name		☐ ORIGINAL ☐ RENEWAL		Veterinarian	
		☐ TRANSFER OF O	WNERSHIP		
Owner Identification (Person v	who harbors or keeps	s dog): Last First Middle Initia	al	. : •	Owner's Phone No.
					Area Code
Mailing Address: House No., S	treet or R.D. No. and I	P.O. Box No.		Phone	No.
		- 	State Zip)	
			NY		
TYPÉ OF LICENSE	State Fee		9		
1. Male, Neutered	9.00 ` 1.00	TOWN FEE			
2. Female, Spayed	9.00 1.00	STATE FEE			
3. Male, unneutered	17.00 3.00	TOTAL FEE			e e e
4. Female, unspayed	17.00 3.00	IS OWNED LESS THAN 18 YEARS OF AC	GE T VEG T NO	D JE VES DADENT OD GUADDI	AM CUALL DE DEEMED THE
	No Fee No	IS OWNER LESS THAN 18 YEARS OF AC OWNER OF RECORD AND THE INFORM	NATION MUST BE CO	MPLETED BY THEM.	AN OWNER BE DECIMED THE
war, police, detection dog, working search, hearing ar	nd service	Owner's Signature	Date	Clerk's Signature	Date