

TOWN OF WEST BLOOMFIELD

To License your dog by mail, please supply the following information

Please print

Owner's Name: _____

Phone Number: _____

Mailing Address: _____

Dog Information

Dog's Name: _____

Dog's Breed: _____ Dog's Color: _____

Dog's Date of Birth: _____ Microchip # (if applicable) _____

Please check the appropriate information:

_____ Male, neutered (veterinary certificate required)

_____ Female, spayed (veterinary certificate required)

_____ Male, un-neutered

_____ Female, un-spayed

Date of Rabies Vaccination: _____ (veterinary certificate required)

Fees:

Spayed/Neutered \$12.50

Un-Spayed / Un-Neutered \$20.50

Make Checks Payable To: West Bloomfield Town Clerk and mail to address below.

A copy of your dog's license and an identification tag will be mailed to you. If you have any questions, please call.



9097 Daylight Drive
PO Box 87
West Bloomfield, NY 14585

PHONE 585-624-2914
FAX 585-624-4830
EMAIL townclerk@townofwestbloomfield.org
WEBSITE www.townofwestbloomfield.org