

**TOWN OF POMPEY**

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 ( <b>Veterinary Certificate Required</b> ) _____ Female, Spayed ( <b>Veterinary Certificate Required</b> )	_____ Male, Unneutered _____ Female, Un-spayed
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Last Rabies Vaccination: \_\_\_\_\_ (**Veterinary Certificate Required**)  
 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: Pompey Town Clerk**

**Fees: \$7.00 - Spayed/ Neutered (1 YR)**

**\$14.00 – Un-spayed / Unneutered**

**Return with a self addressed stamped envelope to:**

Pompey Town Clerk  
8354 U.S. Route 20  
Manlius, NY 13104

**\*\*\* 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 \*\*\***