

OFFICE OF THE TOWN CLERK
TOWN OF SULLILVAN
MADISON COUNTY
7507 LAKEPORT ROAD
CHITTENANGO, NY 13037

DOG LICENSE APPLICATION FORM

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DOG INFORMATION

BREED OF DOG: _____

BIRTH YEAR: _____ DOG'S NAME: _____

COLOR (S): _____

OTHER MARKINGS: _____

SPAYED OR NEUTERED: YES _____ NO _____ MALE OR FEMALE: _____

VETERINARIAN: _____

DATE OF RABIES VACCINATION: _____ VACCINATION EXPIRE DATE: _____

Please mail or bring the completed dog license application form, proof of rabies vaccination and proof of spay or neuter along with payment (cash, local check or money order) to the Town Clerk's Office located at 7507 Lakeport Road, Chittenango, NY 13037. Checks: Town of Sullivan

If mailing application; please provide a self-addressed stamped envelope along with the paperwork.

**ANY questions in regard to the application, please contact the Clerk's Office
at 315-687-7221**

YEARLY LICENSE FEES

Spayed/Neutered: \$20.00

Non-spayed/non-neutered: \$30.00