

Town Clerk's Office
8236 Brewerton Road, Cicero, New York 13039
315-699-8109



**TOWN OF CICERO
DOG LICENSE APPLICATION**



OWNER NAME: _____

OWNER ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (home) _____ **(cell)** _____

EMAIL ADDRESS: _____

DOG'S NAME: _____ **MALE** **FEMALE**

DOG'S YEAR OF BIRTH: _____

BREED: _____ **COLOR:** _____

DOG LICENSE FEES:

	Spayed/Neutered		Unspayed/Unneutered
	\$10		\$18
<i>Owner Age 65+</i>	\$5	<i>Owner Age 65+</i>	\$13

RABIES VACCINATION DATE: _____ **1 year** **3 year**

VETERINARIAN CLINIC: _____

Please make checks payable to: Cicero Town Clerk