Town Of Milan Dog License Application

☐ **New License**

☐ **ReplacementTag**

PET OWNER'S INFORMATION

Last Name: _____ **Physical Address:** _____

First Name: _____ **Phone:** _____

Mailing Address: _____ **Email:** _____

DOG INFORMATION

Dog's Name: _____ **Color(s):** _____

Year of Birth: _____ **Markings:** _____

Breed: _____

Please include a copy of your dog's current Rabies Certificate

☐ **Spayed/Neutered $7.00**

☐ **Unspayed/Unneutered $17.00**

Please make check payable to "Town of Milan" and send with a self-addressed stamped envelope for certificate and license tag return. Payment can also be made via cash, money order, or credit card.

Credit Card Holder Name: _____

Credit Card Account #: _____ **Expiration Date:** _____

CVV: _____ **Signature:** _____

Voluntary Contribution Option:
Pursuant to New York State Agriculture & Markets Law §109, you may designate a voluntary contribution to the animal shelter with which the Town of Milan is contracted with for animal shelter services, Pine Plains Veterinary Hospital. Such contributions are voluntary and not part of the license fee. If you wish to include a voluntary contribution to the Pine Plains Veterinary Hospital, please specify the amount here, $_____, and include it with your license fee payment.

Mail or bring completed application, fee and rabies certificate to:
Town of Milan, Town Clerk, 20 Wilcox Circle, Milan, NY 12571