

Town of Milan Dog License Application

- ☐ New License
- ☐ Replacement Tag

PET OWNER'S INFORMATION

Last Name:_____ Physical Address: _____

First Name: _____ Phone: _____

Mailing Address: _____ Email: _____

DOG INFORMATION

Dogs 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 a 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#: _____Expiration Date: _____
CVV#_____ Signature:_____

Voluntary Contribution Option: Pursuant to New York State Agriculture & Markets Law 5109, 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 Town of Pine Plains , 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