

**CITY OF CANANDAIGUA
DOG LICENSE APPLICATION**
City Clerk's Office • 2 North Main Street • Canandaigua, NY 14424
Phone: (585) 337-2169 • Email: clerks@canandaiguanyork.gov Website:
www.canandaiguanyork.gov

Owner Information

Owner's Name: _____

Phone Number: _____

Mailing Address: _____

Rent Own

If renting, lease end date: _____

City, State, Zip: Canandaigua, NY 14424

Owner's Signature: _____

Dog Information

Dog's Name: _____

Breed: _____

Color/Markings: _____

Date of Birth (or approx. age): _____

Sex: Male Female

Spayed/Neutered: Yes No

Microchip Number (if applicable): _____

Dog Information – Dog #2

• **Dog's Name:** _____

• **Breed:** _____

• **Color:** _____

• **Year of Birth:** _____

• **Veterinarian:** _____

• Male/Female Altered

• Male/Female Unaltered

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Veterinary Information

Rabies Vaccination:

- **Date Given:** _____
- **Expiration Date:** _____
- **Vet/Clinic Name:** _____

A copy of the current rabies certificate is required with this application.

Fees (Per Dog)

- **Spayed/Neutered Dog: \$30.00**
- **Unspayed/Unneutered Dog: \$40.00**

Make checks payable to: City of Canandaigua

Signature

I certify that the information provided is true and accurate to the best of my knowledge. I understand that licensing my dog is a legal requirement under New York State and local laws.

Signature of Owner: _____

Date: _____

OFFICE USE ONLY

License Number: _____

Tag Number: _____

Date Issued: _____

Issued By: _____

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