OG IDENTIFICAT	ION			wn of Ca				DL-1 Rev.
cense No.		4160 Upper Mt. Rd. Sanborn, NY 14132 (716) 433-7664 DOG LICENSE			RABIES CERTIFICATE REQUIRED			
					Rabies Vaccine			
Date Issued	DO							
Dog Breed			Issuing C	County Cod	de/TCV Cod	de	Veterinarian	
			[₂ [0 (1			
Dog Color(s)				9 (0 1		One Year Vacc.	Three Year Vac
Diher ID	Li	LICENSE TYPE ORIGINAL RENEWAL						
Birth Last 2 Digits							F ORIGINA	
Maikings	Dog's Nam	e	TEAN	TRANSFER OF OWNERSHIP			Date Vaccinated	
				SEED OF	OMMEDS	111-	AND	
Owner Identification	(Person wh	o harbors or	keeps dog): La	st, First, N	Aiddle Initi	al		Owner's Phone No. Area Code
•				ALEXA MARKA PAREN				Alea Code
Mailing Address: Ho	nuse No. Stre	et or B.D. No.	and PO Box No				Phon	e No
Maning Address: Tie	770.000	1	1 : 1 : 1	T				5 No.

LL!L City	:		L		State	Zip		County Code
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							ni'n i	2 9
County		Ji	Town.	City or Villa	ge :			Town , City, Vill. Cod
		T T T		i I		1		0 1
		j j	3				Va.	0 1
TYPE OF LICENSE	Luciso hee	NYS Fee]				
t. Male, neutered	\$10.00	\$1.00	LICENSE FEE .					
2. female, spayed	\$10.00	\$1.00	N.Y.S. FEE	i				
3 Male, unneutered			11.1.0.1.22					
under 4 months	\$15.00	\$3.00	ENUMERATION SEE					
4 mes. & over	\$15.00	S3.00						
t, hemale, unspayed			TOTAL FEE					
under 4 months	\$15.00	\$3.00	IS OWNER LESS THAN 18 Y THE INFORMATION MUST B	EARS OF AGE?	T MES TINO	II YES, PAREE	NT RIGUARDIAN SHALL BE DEEMED TI	E OWNER OF RECORD AND
4 mos. & over 5. Exempt dage: Guide war, police, detection do	S15.00 NO FEE	\$3.00	THE NEORMATION MUST 8	C COMPLETED B	Y THEM.			
war, police, detection do working search, nearing			Owner's Signature		Date		Clerk's Signature	Date