

APPLICATION FOR ORIGINAL DOG LICENSE
Office of the City Clerk
231 City Hall
233 East Washington Street
Syracuse NY 13202

Owner's Name:

Last First

Address:

Phone #:

E-mail Address (if desired):

Dog's Name:

Male Female

Breed: _____ Color(s): _____ Year of Birth: _____

Markings: _____ Microchip#: _____

Rabies Vaccination (Proof Required)

Spayed/Neutered (Proof Required): \$10.00

Unspayed/Unneutered: \$20.00

Check Payable to: City Clerk

Replacement tag: \$5.00

- **Must Include Self-Addressed, Stamped Envelope**
- License, Tag and Documents will be sent promptly
- City Clerk's Office: 448-8216
- Dog License issued to City of Syracuse residents only
- Must be 18 and over
- **DO NOT USE THIS FORM FOR RENEWING A DOG LICENSE**
USE ONLY FOR A NEW DOG LICENSE