

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

Owner's Name:

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Last First

Address:

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Phone #: E-mail Address (if desired):

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Dog's Name:

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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