TOWN OF ORCHARD PARK DOG LICENSE APPLICATION

OWNERS	NAME		_
	3		
PHONE N	UMBER		
BREED OF	FDOG		
MALE/FE	MALE		_
SPAYED/N	NEUTERED YES	NO	_
BIRTH YE	AR		
COLOR _			
	ИЕ		
MUST INC	CLUDE THE DATE GIVEN A	AND EXPIRATION	H THE APPLICATION WHICH I. PROOF OF OWNERSHIP MUST O BE PROVIDED IF APPLICABLE.*
* Proof wil	l be returned with completed	dog license and do	g tag.
	R A SPAYED/NEUTERED D R AN UNSPAYED/UNEUTE		0*
*There is a	50% discount for senior citiz	zens 65 and older.	
Check paya	able to Town of Orchard Par	k	
Mail to:	Municipal Center / Towr 4295 South Buffalo Stree		

Orchard Park, NY 14127