

Town of Marshall

*Mary Blunt, Town Clerk
PO Box 233
Deansboro, NY 13328*

315-841-4473

marshallclerk@townofmarshall.com

Dog License Application

Owner's Name: _____

Dog's Name: _____

Address: _____

Dog's Sex: _____

City, State Zip: _____

Birth Year: _____

Phone: _____

Breed: _____

Color: _____

RABIES IMMUNIZATION

Vaccination Date: _____

License fee

Spayed or neutered - \$ 5.00 per dog

Vaccination Expiration Date: _____

Not spayed or neutered - \$ 13.50 per dog

Veterinarian: _____

Manufacturer: _____

Serial #: _____

To register your dog in the Town of Marshall, please fill out this form and return with payment to the address above. Please also include proof of rabies vaccination and spaying or neutering certification.

If you have any questions, please call 841-4473 ext 11 or e-mail marshallclerk@townofmarshall.com.