

## Town of Maryland

Office of the Town Clerk  
PO Box 127  
Schenevus, NY 12115  
607-638-1924

Name and Address:

Spayed Female (SF): \$3.50  
Neutered Male (NM): \$3.50  
Intact Female (F): \$16.50  
Intact Male (M): \$16.50  
Replace Lost Tag: \$3.00  
After 30 days add \$2 late fee  
per month.

## New Dog License –

If licensing by mail, enclose a self-addressed stamped envelope for tag and receipt.

Month of Licensing:

*Please enter information: provide proof of Rabies, spay or neuter status*

Dog's Name:

License Number: clerk will provide

Spay or Neuter Status:

Rabies Vac issued:

Rabies Vac expire:

Year of Birth:

Breed:

Color:

### ENTER AMOUNT DUE:

*Owner keep top portion for your records*

-----**CUT HERE**-----

**Clerk's Copy**

**Dog Owner's Name:**

**Address:**

Make check payable and mail to:  
Maryland Town Clerk  
PO Box 127  
Schenevus, NY 12155  
607-638-1924

*Please enter information:*

Phone number: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Spay or Neuter Status: \_\_\_\_\_

Rabies Vac issued: \_\_\_\_\_

Rabies Vac expire: \_\_\_\_\_

Year of Birth: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Date paid: \_\_\_\_\_

Cash/Check #: \_\_\_\_\_

**ENTER AMOUNT PAID:**

Clerk's signature \_\_\_\_\_ **DATE ISSUED:** \_\_\_\_\_