



Town of Wheatland Dog Registration Form

PO Box 15
22 Main Street
Scottsville, NY 14546

Owner Information

Name: _____

Address: _____

Home Phone: () _____

Cell Phone: () _____

Dog's Information

Name: _____

Breed: _____

Color: _____

Veterinarian's Name: _____

Year of Birth: _____

Dog's Gender: Male Female

Microchip? Y/N _____

License Fees

Unspayed/Unneutered Dog \$18.00/Year
Spayed/Neutered Dog \$9.00/ Year

Please check that the following forms are included with this registration:

Current Rabies form

Spay/neuter certificate if applicable

Check made payable to "Town of Wheatland"

Mail to:

Town of Wheatland
PO Box 15
22 Main Street
Scottsville, NY 14546