

**Town of Ancram
Part Time Resident Dog Information Form**

Owners Name: _____

Owners Ancram Address: _____

Owners Ancram Phone Number: _____

Owners Cell Number: _____

Owner's email address: _____

Town/ City/State Dog is Licensed In _____

License Tag # _____

Rabies Information:

Vet: _____

Serum: _____ Rabies Tag#: _____ -

Dogs Name: _____ Spay/ Neuter: Yes or NO

Dogs Breed: _____ Color: _____ Age : _____

With this form, please supply us with a valid copy of the license and rabies certificate you were issued for your dog. We will need yearly updates to verify that your animal is legally licensed out of Ancram. If your dog wanders away and is picked up by the dog warden, this form allows us to identify him/her, and facilitate its return to you while you are in Ancram.