



Westford Township-Richland County Dog License Application Form

All data required by Richland County

Name of Owner: _____

Cazenovia Address: _____

Phone: _____

● Name of 1st Dog: _____

Age of Dog: _____

Breed & Color: _____

Rabies Vaccination Date: _____ Expiration Date: _____

Vaccination Number: _____

● Name of 2nd Dog: _____

Age of Dog: _____

Breed & Color: _____

Rabies Vaccination Date: _____ Expiration Date: _____

Vaccination Number: _____

● Name of 3rd Dog: _____

Age of Dog: _____

Breed & Color: _____

Rabies Vaccination Date: _____ Expiration Date: _____

Vaccination Number: _____

(All data required by Richland County)

Clinic (Vet)Name: _____ Phone: _____

Westford's Fees per Dog:

\$3.00	\$8.00
Neutered/Spayed	Otherwise



Amount Paid: \$ _____ Please make checks payable to: **Westford Township**