

License No.		Chk Code	
Date Issued		Expiration Date	
Dog Breed		CODE	
Dog Color(s)		CODE(S)	
Other ID		Dog's Yr. of Birth Last 2 Digits	
Markings		Dog's Name	

Division of Animal Industry
10 B Airline Drive - Albany, New York 12235
518-457-2728

DOG LICENSE

Issuing County Code/TCV Code

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LICENSE TYPE

☐ ORIGINAL ☐ RENEWAL
☐ TRANSFER OF OWNERSHIP

RABIES CERTIFICATE REQUIRED

Rabies Vaccine:

Manufacturer

Serial Number

☐ One Year Vacc.

Date Vaccinated

Veterinarian

Owner Identification (Person who harbors or keeps dog): Last First Middle Initial

[illegible]

Owner's Phone No.

Area Code

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Mailing Address: House No. Street or R.D. No. and P.O. Box No.

Phone No. _____

[illegible]

City

State Zip

County Code

[illegible]

County

Town, City or Village

Town, City, Vil. Code

[illegible]

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wn, City, Vil. C

TYPE OF LICENSE

- | | State Fee | Spay/Neuter Fee |
|--|-----------|-----------------|
| 1. <input type="checkbox"/> Male, neutered | 2.50 | |
| 2. <input type="checkbox"/> Female, spayed | 2.50 | |
| 3. Male, unneutered | | |
| <input type="checkbox"/> under 4 months | 7.50 | |
| <input type="checkbox"/> 4 mos. & over | 7.50 | 3.00 |
| 4. Female, unspayed | | |
| <input type="checkbox"/> under 4 months | 7.50 | |
| <input type="checkbox"/> 4 mos. & over | 7.50 | 3.00 |
| 5. <input type="checkbox"/> Exempt Dogs: Guide,
war, police, detection dog, therapy dog,
working search, hearing and service | NO FEE | |

STATE FEE

LOCAL FEE**SPAY/NEUTER FEE**

ENUMERATION FEE

TOTAL FEE

IS OWNER LESS THAN 18 YEARS OF AGE? ☐ YES ☐ NO IF YES, PARENT OR GUARDIAN SHALL BE DEEMED THE OWNER OF RECORD AND THE INFORMATION MUST BE COMPLETED BY THEM.

Owner's Signature _____

Date _____

Clerk's Signature _____

Date _____