TOWN OF YORK DOG LICENSE APPLICATION

FOR OFFICE USE ONLY

License Number:	Date:

OWNER INFORMATION

Name:		
Current address:		Apt. No.
City:	State:	Zip Code:
Phone No.	Email Address:	

PET INFORMATION

Name:	Sex: Male □ Female □	Birth Year:
Neutered □ Spayed □	Breed:	Color:
Rabies Vaccination Date:	Expiration Date:	
Vaccine Manufacturer:	Serial #:	
Veterinarian:		

A Current Rabies Vaccination Certificate is required for all new licenses and all renewal licenses with expired vaccines.

FEE

Neutered or Spayed (Certificate Required)	Unaltered
$8.00	$18.00

Exempt dog **NO fee with required proof

Voluntary Shelter Donation - Pursant to New York Senate Bill S1373

This donation is vouluntary and separate from the required dog license fee.

Livingston County Sheriff's Office Dog Control Donation

OPTIONAL: Amount $ *How Paid:*

TOTAL Amount Paid (License & Donation) $

TRANSFER OF OWNERSHIP INFORMATION

Name of New Owner:		Date:
Address:	City:	State/Zip
Phone #:	Email Address:	

ADDITIONAL INFORMATION

My address changed		
New Address:		
City	State/Zip	Phone#:
My dog has been Sold (see above)	Deceased □	
Lost □	Stolen □	
Relinquished □	Checks Payable To: York Town Clerk	

Town of York

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