Town of York
Dog License
OWNER'S COPY

License #:_____ Due Date:_____
Name: _____ New Expiration Date:_____
Sex: _____ Type of License: Spayed/Neutered
Birth Year: _____ Local Fee: $_____
Breed: _____ State Mandated Fee: $_____
Color: _____ PAY THIS AMOUNT (Annually): $_____

Owner Name: _____
Address: _____
City, State, Zip: _____

RABIES IMMUNIZATION
Supply Proof if Expiration is Blank or Lapsed

Vaccination Date:_____
Vac. Expiration Date:_____
Veterinarian:_____

Please place a check next to any applicable changes:

____Dog is Deceased Date of Change: _____
____Dog is Lost or Stolen *(New) Owner's Name: _____
____Change of Address* *Mailing Address: _____
____Transfer of Ownership* *City, State, ZIP: _____
*Phone # _____
*Please fill out required fields *County _____

Transfer of Ownership:
Instructions for Owner of Record – Complete this form and give it along with the ID tag to the new owner and notify your Town Clerk.
Instructions for New Owner – Present this form to the clerk of the Town in which the dog is to be harbored to transfer the license into your name.

_____ _____
Clerk's Signature Date

_____
Owner's Signature

CLERK'S COPY

License #:_____ Due Date:_____
Name: _____ New Expiration Date: _____
Sex: ____ Type of License: Spayed/Neutered
Birth Year: _____ Local Fee: $_____
Breed: _____ State Mandated Fee $_____
Color: _____PAY THIS AMOUNT (Annually)$_____

Make Checks Payable & Mail To
OR Renew in Person:

York Town Clerk
2668 Main Street
P.O. Box 187
York, NY 14592

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Vaccination Date:_____
Vac. Expiration Date:_____
Veterinarian:_____

Owner Name: _____
Address: _____
City, State, Zip: _____

_____ Date: _____
Clerk's Signature