

**TOWN OF YORK DOG LICENSE APPLICATION
FOR OFFICE USE ONLY**

License Number:	
Receipt Number:	Date:

OWNER INFORMATION

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

PET INFORMATION

Name:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Year:
Neutered <input type="checkbox"/> Spayed <input type="checkbox"/>	Breed:	Color:
Rabies Vaccination Date:	Expiration Date:	
Vaccine Manufacturer:	Serial #:	
Veterinarian:	City:	State/Zip

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
\$7.00	\$15.00

Note: Work dogs are exempt from licensing fee. You must have an official certificate from the training organization for exempt status.

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 <input type="checkbox"/>	
Lost <input type="checkbox"/>	Stolen <input type="checkbox"/>	
Relinquished <input type="checkbox"/>	Checks Payable To: York Town Clerk	

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