

DOG LICENSE APPLICATION

DL-1 Rev. 12/95

DOG IDENTIFICATION

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

New York State Department of Agriculture and Markets
Division of Animal Industry
1 Winners Circle - 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. Three Year Vacc.

Date Vaccinated _____

Veterinarian _____

Owner Identification (Person who harbors or keeps dog): Last First Middle Initial										OWNER'S PHONE NO. Area Code		
Mailing Address: House No. Street or R.D. No. and P.O. Box No.										Phone No.		
City						State		Zip		County Code		
County				Town, City or Village				Town, City, Vil. Code				
TYPE OF LICENSE		State fee		Spay/Neuter Fee								
1. <input type="checkbox"/> Male, neutered 2. <input type="checkbox"/> Female, spayed 3. Male, unneutered <input type="checkbox"/> under 6 months <input type="checkbox"/> 6 mos. & over 4. Female, unspayed <input type="checkbox"/> under 6 months <input type="checkbox"/> 6 mos. & over 5. <input type="checkbox"/> Exemption (Guide dog, war dog, police dog, hearing dog, service dog)						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				

PLEASE COMPLETE ALL INFORMATION

YOU MUST ALSO SUBMIT

VALID RABIES CERTIFICATE
SPAYED/NEUTERED CERTIFICATE
CHECK PAYABLE TO BEEKMAN TOWN CLERK
SELF-ADDRESSED STAMPED ENVELOPE IF BY MAIL

FEES

\$7.00 IF DOG IS SPAYED/NEUTERED
\$15.00 IF NOT