Town of Northumberland PO Box 128 Gansevoort, NY 12831

TOWN OF NORTHUMBERLAND DOG LICENSE

Required Rabies Immunization to be Completed by the Town Clerk

| Dogs Name | Vac | Vaccination Date Vaccination Expiration Date Manufacturer Veterinarian | | | |
|---|---------------------|--|--------------------|-------------------|-----------------|
| Birth Year | | | | | |
| Dog's Color(s) | | | | | |
| Dog Breed | | | | | |
| Tattoo/Microchip - Y /N | | | | | |
| Markings | | | | | |
| Ple | ase submit a copy o | of a valid rabies ce | ertificate wit | n this applicatio | n |
| Licenses and Fees | | | | | |
| Check ONE of the followin | g; (Circle One) New | License Licen | se Renewal | | |
| Female Not Spay Female Spay | | Male not Neutered | | Male Neutered | |
| | Local Fee \$5 | | | | <u>\$5.00</u> |
| State Surcharge \$1.00 | State Surcharge \$1 | L.00 State Surch | arge <u>\$1.00</u> | State Surcharge | e <u>\$1.00</u> |
| State Surcharge \$1.00 Total \$13.00 | Total \$6 | <u>6.00</u> Total | \$13.00 | Total | \$6.00 |
| *** NOTE: If this is the 1st proof of spay or neuter from | | - | wn of Northu | umberland, plea | se submit |
| Change of Status (circle on | e) Dog Deceased | Dog is lost or stole | en Change o | of Address | |
| Nama | | ER INFORMATION | 1 | | |
| Name | | | | | |
| Street | | | | | |
| City/State/Zip | | | | | |
| PhoneEmail | | | | | |
| | | | | | |
| Owners Signature | | Date | | | |
| | | | | | |

Please submit this completed form, a copy of the rabies certificate, proof of spay/neuter and the applicable fee to the following and a receipt/license tag will be mailed to you.