

TOWN OF YORKTOWN
DOG LICENSE APPLICATION

Date:

Check One: ORIGINAL LICENSE _____ RENEWAL _____ REPLACEMENT TAG _____

DOG IDENTIFIERS

License Number: _____
Dog's Name _____
Year of Birth: _____
Breed: _____
Color/Colors _____
Microchip # _____
Markings _____

OWNER'S INFORMATION

NAME (Last Name, First Name) _____

MAILING ADDRESS (Please add physical address if different)

TELEPHONE NUMBER _____

SIGNATURE _____

All dogs four and a half months or older must be licensed, please provide proof of current rabies vaccination and proof of neutering / spaying certificate signed by a licensed veterinarian.

RABIES VACCINE

Veterinarian _____
Date Vaccinated _____
Manufacturer _____
Serial Number _____
Expiration Date _____

Replacement Tag _____ \$ 3.00
Neutered Male _____ \$15.00
Spayed Female _____ \$15.00
Unneutered Male _____ \$20.00
Unspayed Female _____ \$20.00
Exempt _____ None