

TOWN OF MAMARONECK DOG LICENSE APPLICATION

PURSUANT TO NEW YORK STATE DEPARTMENT OF AGRICULTURE AND MARKETS LAW ARTICLE 7

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| <input type="checkbox"/> New License | <input type="checkbox"/> Renewal Indicate License #: | <input type="checkbox"/> Cancellation- Indicate Reason: | |
| Last name: | | First: | Middle: |
| Street Address: | | Phone #: | |
| City: | | State: | Zip Code: |
| Name of Dog: | | E-Mail: | |
| Breed: | Year of Birth: | Sex: M F | |
| Markings: | Color(s): | | |
| Veterinary Hospital: | Tattoo or chip: | | |

Required: Please attached a Copy of the Rabies Certificate and proof of spay or neuter

| Check appropriate box Fee | Instructions |
|---|---|
| <input type="checkbox"/> Male, Neutered \$ 21.00 <input type="checkbox"/> Female, Spayed \$ 21.00 <u>Male – Unneutered:</u> <input type="checkbox"/> under 4 months \$28.00 <input type="checkbox"/> 4 months & over \$28.00 <u>Female – Unspayed:</u> <input type="checkbox"/> under 4 months \$28.00 <input type="checkbox"/> 4 months & over \$28.00 Exemption – No Fee (Guide, War, Police, Hearing, Service Dogs) | Include: 1. This completed form 2. Rabies Certificate from veterinarian 3. Appropriate fee (listed at left) (make check payable: Town of Mamaroneck) Mail or Bring in person to: Christina Battalia, Town Clerk Town of Mamaroneck 740 W. Boston Post Road Mamaroneck, NY 10543 (Note: <u>if by mail</u> : include self-addressed, stamped envelope. When completed, your license and rabies certificate will be mailed to you) |
| Questions or additional information, Call 914-381-7870 | |

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| Owner's Signature: | Date: |
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