

LICENSE NO \_\_\_\_\_

Town of North Salem  
266 Titicus Road  
North Salem, NY 10560  
914-669-5577

Date Issued \_\_\_\_\_

Expiration Date \_\_\_\_\_

**DOG LICENSE**

\_\_\_\_ ORIGINAL \_\_\_\_ RENEWAL \_\_\_\_ TRANSFER OF OWNERSHIP

Dog's Name \_\_\_\_\_

Rabies Certificate Required

Rabies Vaccine Mfg. \_\_\_\_\_

Dog's Breed \_\_\_\_\_

Vaccine Serial Number \_\_\_\_\_

Dog's Color(s) \_\_\_\_\_

Date Vaccinated \_\_\_\_\_ Expires \_\_\_\_\_

Dog's Year of Birth \_\_\_\_\_

Markings \_\_\_\_\_ Chip No. \_\_\_\_\_

Owner \_\_\_\_\_

Last

First

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Cell No. \_\_\_\_\_

**TYPE OF LICENSE**

\_\_\_\_ Male, Neutered

**State Fee**

\$1.00

**Local Fee**

\$10.00

**Total Fee**

\$11.00

\_\_\_\_ Female, Neutered

\$1.00

\$10.00

\$11.00

\_\_\_\_ Male, Unneutered

\$3.00

\$20.00

\$23.00

\_\_\_\_ Female, Unneutered

\$3.00

\$20.00

\$23.00

\_\_\_\_ Exempt

\$0.00

\$ 0.00

\$ 0.00

Guide, War, Police, Detection Dog, Therapy Dog, Working Search, Hearing and Service

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Clerk's Signature \_\_\_\_\_

Date \_\_\_\_\_