

DOG IDENTIFICATION

License No.		Chk Code
Date Issued	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
10 B Airline Drive - 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

DL-1 Rev. 09/04

RABIES CERTIFICATE & COPY 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				Town, City or Village	Town, City, Vil. Code

TYPE OF LICENSE	Fee	Senior Fee
1. <input type="checkbox"/> Male, neutered	15.00	10.00
2. <input type="checkbox"/> Female, spayed	15.00	10.00
3. Male, unneutered <input type="checkbox"/> 4 mos. & over	25.00	20.00
4. Female, unspayed <input type="checkbox"/> 4 mos. & over	25.00	20.00
5. <input type="checkbox"/> Exempt Dogs: Guide, war, police, detection dog, therapy dog, working search, hearing and service	NO FEE	

TOTAL FEE

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
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