

**NEW YORK STATE DEPARTMENT OF AGRICULTURE AND MARKETS
TOWN OF MAMARONECK DOG LICENSE APPLICATION**

<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:		Year of Birth: Sex: M F
Breed:		Color(s):
Markings:		Tattoo or chip:
Required: Enclose a copy of Rabies Certificate	Date Vaccinated:	Vaccination: <input type="checkbox"/> One-Year <input type="checkbox"/> Three-Year
Veterinary Hospital:		
<p align="center">Check appropriate box</p> <p align="center">Fee</p> <p><input type="checkbox"/> Male, Neutered. . . . \$ 21.00</p> <p><input type="checkbox"/> Female, Spayed \$ 21.00</p> <p><u>Male – Unneutered:</u></p> <p><input type="checkbox"/> under 4 months \$28.00</p> <p><input type="checkbox"/> 4 months & over \$28.00</p> <p><u>Female – Unspayed:</u></p> <p><input type="checkbox"/> under 4 months \$28.00</p> <p><input type="checkbox"/> 4 months & over \$28.00</p> <p>Exemption – No Fee (Guide, War, Police, Hearing, Service Dogs)</p>	<p align="center">Instructions</p> <p>Include:</p> <ol style="list-style-type: none"> 1. This completed form 2. Rabies Certificate from veterinarian 3. Appropriate fee (listed at left) (make check payable: Town of Mamaroneck) <p>Mail or Bring ALL to: Town Clerk Town of Mamaroneck 740 W. Boston Post Road Mamaroneck, NY 10543</p> <p>(Note: <u>if by mail</u>: include self-addressed, stamped envelope. When completed, your license and rabies certificate will be mailed to you)</p> <p>Questions or additional information, Call 914-381-7870</p>	
Owner's Signature:		Clerk's Signature:
Date:		Date: