

After completing this form, please go to "File - Attach to email" and email form to [dquast@yorktownny.org](mailto:dquast@yorktownny.org). If you need assistance, please call the Town Clerk at(914)962-8152.

**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 \_\_\_\_\_ \$12.50  
Spayed Female \_\_\_\_\_ \$12.50  
Unneutered Male \_\_\_\_\_ \$19.50  
Unspayed Female \_\_\_\_\_ \$19.50  
Exempt \_\_\_\_\_ None