

**TOWN OF YORK DOG LICENSE APPLICATION  
FOR OFFICE USE ONLY**

License Number:	
Receipt Number:	Date:

**OWNER INFORMATION**

Name:		
Current address:	Apt. No.:	
City:	State:	Zip Code:
Phone No.:	Email Address:	

**PET INFORMATION**

Name:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth Year:
Neutered <input type="checkbox"/> Spayed <input type="checkbox"/>	Breed:	Color:
Rabies Vaccination Date:	Expiration Date:	
Vaccine Manufacturer:	Serial #:	
Veterinarian:	City:	State/Zip

*A Current Rabies Vaccination Certificate is required for all new licenses and all renewal licenses with expired vaccines.*

**FEE**

Neutered or Spayed (Certificate Required)	Unaltered
\$ 8.00	\$ 18.00

*Note: Work dogs are exempt from licensing fee. You must have an official certificate from the training organization for exempt status.*

**TRANSFER OF OWNERSHIP INFORMATION**

Name of New Owner:	Date:	
Address:	City:	State/Zip
Phone #:	Email Address:	

**ADDITIONAL INFORMATION**

My address changed		
New Address:		
City	State/Zip	Phone#:
My dog has been Sold (see above)	Deceased <input type="checkbox"/>	
Lost <input type="checkbox"/>	Stolen <input type="checkbox"/>	
Relinquished <input type="checkbox"/>	Checks Payable To: York Town Clerk	

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