

Dog Identification

License No. _____
 Date Issued _____
 Expiration Date _____
 Dog Breed _____
 Dog Color(s) _____
 Markings _____
 Dog's Year of Birth _____
 Dog's Name _____

Town of Cambria

4160 Upper Mt. Rd.
 Sanborn, NY 14132
 (716)-433-7664

DOG LICENSE

County/Town Code

2	9	0	1
---	---	---	---

- Original Renewal
 Transfer of Ownership

RABIES CERTIFICATE REQUIRED

Veterinarian _____
 One Year Vacc. Three Year Vacc.
 Date Vaccinated _____

MICROCHIP NUMBER _____

Owner Identification (Person who harbors or keeps dog, MUST BE 18 YRS OLD): Last, First Middle, Initial **PLEASE PRINT NEATLY**

Mailing Address:

House Number _____ Street _____ City/Town _____ Zip _____

Owner's Phone Number:

() _____

Email address:

TYPE OF LICENSE	License Fee	NYS Fee
<input type="checkbox"/> Male, neutered	\$10.00	\$1.00
<input type="checkbox"/> Female, spayed	\$10.00	\$1.00
<input type="checkbox"/> Male, unneutered	\$15.00	\$3.00
<input type="checkbox"/> Female, unsprayed	\$15.00	\$3.00
<input type="checkbox"/> Exempt Dog: Guide, war, police, detection, therapy, search, hearing & service	NO FEE	\$1.00/\$3.00

License Fee \$ _____ NYS Fee \$ _____ Enumeration Fee \$ _____
 Total Fee \$ _____

Owner's Signature _____ Date _____
 Clerk's Signature _____ Date _____