**TOWN OF MAMARONECK DOG LICENSE APPLICATION**

**PURSUANT TO NEW YORK STATE DEPARTMENT OF AGRICULTURE AND MARKETS LAW ARTICLE 7**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | New License  |  |  | **Renewal Indicate License #:**  |  |  |  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:  |
| Veterinary Hospital:   |
| **Required: Please attached a Copy of the Rabies Certificate**  **and proof of spay or neuter**   |
| **Check appropriate box**  **Fee** * Male, Neutered. . . . . $ 21.00  Female, Spayed . . . . . $ 21.00

Male – Unneutered: * under 4 months . . . . . $28.00  4 months & over . . . . .$28.00

Female – Unspayed: * under 4 months . . . . . $28.00
* 4 months & over . . . . .$28.00

Exemption – **No Fee** (Guide, War, Police, Hearing, Service Dogs)  | **Instructions** Include: 1. This completed form
2. Rabies Certificate from veterinarian
3. Appropriate fee (listed at left)

(make check payable: Town of Mamaroneck)  Mail or Bring in person to:   Christina Battalia, Town Clerk  Town of Mamaroneck  740 W. Boston Post Road  Mamaroneck, NY 10543  (Note: if by mail: include self-addressed, stamped envelope. When completed, your license and rabies certificate will be mailed to you)  Questions or additional information, Call **914-381-7870**  |
|  Owner’s Signature:  | Date:    |