

Dog License Application

Janet Donohue
Town Clerk

Owner Identification (Person who harbors or keeps the dog)

Last Name First Name Phone _____

Complete Mailing Address: _____
(please include zip code) _____

Email Address: _____

License Type: ☐ New ☐ Renewal ☐ Transfer of ownership

If renewal or transfer, enter the license number _____

Dog Identification: _____
Name Breed Color

Markings Tattoo or Chip Date of Birth

Rabies Information*

Date Vaccinated: _____

Rabies Vaccine Duration:

- ☐ One Year Vaccination
☐ Three Year Vaccination

Veterinary Hospital: _____

***Rabies Certificate Required** (Please attach.)

License Type & Fee:

(Please check one)

- | | |
|---|----------------|
| <input type="checkbox"/> Male, neutered | \$10.00 |
| <input type="checkbox"/> Female, spayed | \$10.00 |
| <input type="checkbox"/> Male, unneutered | \$18.00 |
| <input type="checkbox"/> Female, unspayed | \$18.00 |
| <input type="checkbox"/> Exemption (Guide dog, war dog, police dog, hearing dog, service dog) No fee | |

Mailing Instructions:

Please include:

- A self-addressed envelope;
- Completed form;
- Rabies Certificate
- Check, payable to "Town of Lewisboro."

Mail or bring to:

Town Clerk
Town of Lewisboro
P.O. Box 500/11 Main Street
South Salem, NY 10590

Questions: Call 914-763-3511

Is the owner less than 18 years of age: ☐ Yes ☐ No If Yes, parent or guardian shall be deemed to be the owner of record and the information must be completed by them.

Owner's Signature

Date