DOG IDENTIFICATION

License No.	Chk Code
Date Issued	Expiration Date
Dog Breed	CODE
Dog Color(s)	CODE(S)
Other ID / Dog's Yr. of Birth Last 2 Digits	
Markings / Dog's Name	

New York State Department of Agriculture and Markets
Division of Animal Industry
10 B Airline Drive - Albany, New York 12235
518-457-2728

DOG LICENSE

Issuing County Code/TCV Code

LICENSE TYPE

☐ ORIGINAL ☐ RENEWAL

☐ TRANSFER OF OWNERSHIP

DL-1 Rev. 09/04

RABIES CERTIFICATE REQUIRED

Rabies Vaccine:

Manufacturer _____

Serial Number _____

☐ One Year Vacc. ☐ Three Year Vacc.

Date Vaccinated _____

Veterinarian _____

Owner Identification (Person who harbors or keeps dog): Last First Middle Initial

Owner's Phone No. Area Code

Mailing Address: House No. Street or R.D. No. and P.O. Box No.

Phone No.

City State Zip

County Code

County Town, City or Village

Town, City, Vil. Code

TYPE OF LICENSE	State Fee	Spay/Neuter Fee
1. ☐ Male, neutered	2.50	
2. ☐ Female, spayed	2.50	
3. Male, unneutered		
☐ under 4 months	7.50	
☐ 4 mos. & over	7.50	3.00
4. Female, unspayed		
☐ under 4 months	7.50	
☐ 4 mos. & over	7.50	3.00
5. ☐ Exempt Dogs: Guide, war, police, detection dog, therapy dog, working search, hearing and service	NO FEE	

STATE FEE _____

LOCAL FEE _____

SPAY/NEUTER FEE _____

ENUMERATION FEE _____

TOTAL FEE _____

IS OWNER LESS THAN 18 YEARS OF AGE? ☐ YES ☐ NO IF YES, PARENT OR GUARDIAN SHALL BE DEEMED THE OWNER OF RECORD AND THE INFORMATION MUST BE COMPLETED BY THEM.

Owner's Signature Date Clerk's Signature Date

DOG IDENTIFICATION

License No.	Chk Code
Date Issued	Expiration Date
Dog Breed	CODE
Dog Color(s)	CODE(S)
Other ID / Dog's Yr. of Birth Last 2 Digits	
Markings / Dog's Name	

New York State Department of Agriculture and Markets
Division of Animal Industry
10 B Airline Drive - Albany, New York 12235
518-457-2728

DOG LICENSE

Issuing County Code/TCV Code

LICENSE TYPE

☐ ORIGINAL ☐ RENEWAL

☐ TRANSFER OF OWNERSHIP

DL-1 Rev. 09/04

RABIES CERTIFICATE REQUIRED

Rabies Vaccine:

Manufacturer _____

Serial Number _____

☐ One Year Vacc. ☐ Three Year Vacc.

Date Vaccinated _____

Veterinarian _____

Owner Identification (Person who harbors or keeps dog): Last First Middle Initial

Owner's Phone No. Area Code

Mailing Address: House No. Street or R.D. No. and P.O. Box No.

Phone No.

City State Zip

County Code

County Town, City or Village

Town, City, Vil. Code

TYPE OF LICENSE	State Fee	Spay/Neuter Fee
1. ☐ Male, neutered	2.50	
2. ☐ Female, spayed	2.50	
3. Male, unneutered		
☐ under 4 months	7.50	
☐ 4 mos. & over	7.50	3.00
4. Female, unspayed		
☐ under 4 months	7.50	
☐ 4 mos. & over	7.50	3.00
5. ☐ Exempt Dogs: Guide, war, police, detection dog, therapy dog, working search, hearing and service	NO FEE	

STATE FEE _____

LOCAL FEE _____

SPAY/NEUTER FEE _____

ENUMERATION FEE _____

TOTAL FEE _____

IS OWNER LESS THAN 18 YEARS OF AGE? ☐ YES ☐ NO IF YES, PARENT OR GUARDIAN SHALL BE DEEMED THE OWNER OF RECORD AND THE INFORMATION MUST BE COMPLETED BY THEM.

Owner's Signature Date Clerk's Signature Date