

# TOWN OF NORTHUMBERLAND DOG LICENSE

PO Box 128  
17 Catherine St  
Gansevoort NY 12831  
(518) 792-9179

License No. \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Dogs Name \_\_\_\_\_  
 Birth Year \_\_\_\_\_ Dog Color(s) \_\_\_\_\_  
 Dog Breed \_\_\_\_\_  
 Tattoo / Microchip Yes or No \_\_\_\_\_  
 Markings \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Required Rabies Immunization to be completed by  
the Town Clerk**

Vaccination Date \_\_\_\_\_ Vaccination Exp. Date \_\_\_\_\_  
 \_\_\_\_\_  
 Manufacturer \_\_\_\_\_ Serial No. \_\_\_\_\_  
 \_\_\_\_\_  
 Veterinarian \_\_\_\_\_  
 \_\_\_\_\_  
 Please submit a copy of a valid rabies certificate with this application.

Licenses and Fees (circle one)      New License      License Renewal      Transfer of Ownership

Check ONE of the following;

<input type="checkbox"/> Female not Spay	<input type="checkbox"/> Female Spay	<input type="checkbox"/> Male not Neutered	<input type="checkbox"/> Male Neutered
Local Fee <u>\$ 12.00</u>	Local Fee <u>\$ 5.00</u>	Local Fee <u>\$ 12.00</u>	Local Fee <u>\$ 5.00</u>
State Surcharge <u>\$ 1.00</u>	State Surcharge <u>\$ 1.00</u>	State Surcharge <u>\$ 1.00</u>	State Surcharge <u>\$ 1.00</u>
Total <u>\$ 13.00</u>	Total <u>\$ 6.00</u>	Total <u>\$ 13.00</u>	Total <u>\$ 6.00</u>

**\*\*\*NOTE:** If this is the 1st time for licensing of this dog in the Town of Northumberland please submit proof of spay or neuter from your veterinarian.

Change in Status (circle one)      Dog Deceased      Dog is lost or stolen      Change of address      Transfer of ownership

**Transfer of ownership:**

Instructions for *Owner of Record*: Complete this form and give it along with the ID tag to the new owner, and notify your Town Clerk.  
 Instructions for *New Owner*: Present this form to the clerk of the Town, City or Village in which the dog is to be harbored to transfer the license into your name.

**OWNER INFORMATION**

Current Owner Information	New Owners Information, complete for transfer of ownership
Name _____	Name _____
Street _____	Street _____
City / State / Zip _____	City / State / Zip _____
Phone _____ Work / Cell Phone _____	Phone _____ Work / Cell Phone _____
Email _____	Email _____
	Date of transfer _____

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Town Clerk's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit this completed form, a copy of the rabies certificate, proof of spay / neuter and the applicable fee to the following and a receipt / license tag will be mailed to you.

Town Clerk  
Town of Northumberland  
PO Box 128  
Gansevoort, NY 12831