

**DOG LICENSE APPLICATION**

(For Office Use Only)

License No. \_\_\_\_\_

Issue Date. \_\_\_\_\_ Expiration \_\_\_\_\_

Fee: \_\_\_\_\_

TOWN OF DRYDEN  
 93 EAST MAIN ST  
 DRYDEN, NY 13053  
 607-844-8888 x3

**LICENSE TYPE**

Original  Renewal  
 Transfer of Ownership

**RABIES CERTIFICATE REQUIRED**  
 (For Office Use Only)

Manufacturer: \_\_\_\_\_

Serial No.: \_\_\_\_\_

One Year Vacc.  Three Year Vacc.

Date Vaccinated: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

**Annual Fees:**

Spayed or Neutered - \$11.00 per year (\$1 State fee, \$10 local fee)  
 Unspayed/unneutered - \$23.00 per year (\$3 State fee, \$20 local fee)

Exempt - no fee - Guide dog, war dog, police dog, hearing dog, service dog (Proof Required)

Is owner under 18? If yes, parent or guardian shall be deemed the owner of record and the information must be completed by them.

**Dog Owner:** Complete the owner and dog identification portions below. Mail or bring to the Town Clerk's Office with **proof of rabies vaccination, proof of spay/neuter if applicable**, and a check payable to the Dryden Town Clerk for the appropriate amount. A validated copy of the application and license identification tag will be provided to you.

**Owner Identification: (Person who owns or harbors the dog)**

Last, first, middle

Telephone #

\_\_\_\_\_

\_\_\_\_\_

**Street Address, City, State, Zip**

\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address (if different), City, State, Zip**

\_\_\_\_\_  
\_\_\_\_\_

**Dog Identification:**

Spayed or Neutered? (Circle one) Yes No Sex (M/F) \_\_\_\_\_ Microchip # & \_\_\_\_\_

Dog Name \_\_\_\_\_ Microchip Manufacturer \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Year of Birth \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner Date

\_\_\_\_\_  
Signature of Clerk Date

If you have any questions, please call our office at 844-8888, option 3, Monday through Friday, 8:00 a.m. to 4:30 p.m.