

Dog Identification

License No. _____
Date Issued _____
Expiration Date _____
Dog Breed _____
Dog Color(s) _____
Markings _____
Dog's Year of Birth _____
Dog's Name _____

Town of Cambria

4160 Upper Mt. Rd.
Sanborn, NY 14132
(716)-433-7664

DOG LICENSE

County/Town Code

2	9	0	1
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- ☐ Original ☐ Renewal
☐ Transfer of Ownership
☐ Female ☐ Male

RABIES CERTIFICATE REQUIRED

Veterinarian _____
☐ One Year Vacc. ☐ Three Year Vacc.
Date Vaccinated _____

MICROCHIP NUMBER

Owner Identification (Person who harbors or keeps dog, MUST BE 18 YRS OLD): First, Middle Int., Last **PLEASE PRINT NEATLY**

Mailing Address:

House Number Street City/Town Zip

Owner's Phone Number:

Email address:

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TYPE OF LICENSE	License Fee	NYS Fee
☐ neutered/spayed	\$10.00	\$1.00
☐ unneutered/unspayed	\$18.00	\$3.00
☐ Exempt Dog: Guide, war, police, detection, therapy, search, hearing & service	NO FEE	\$1.00/\$3.00

Owner's Signature

Date

Clerk's Signature

Date

License Fee \$ _____ NYS Fee \$ _____ Enumeration Fee \$ _____ Late Fee \$ _____ **Total Fee \$ _____**

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