

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.
 Sarborn, NY 14132
 (716)-433-7664

DOG LICENSE

County/Town Code

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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: _____

TYPE OF LICENSE	License Fee	NYS Fee
<input type="checkbox"/> neutered/spayed	\$10.00	\$1.00
<input type="checkbox"/> unneutered/unspayed	\$18.00	\$3.00
<input type="checkbox"/> 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 \$ _____