



Town of Ossining
 16 Croton Ave
 Ossining, NY 10562
 Clerk's Office

Dog Licensing Application

Original Renewal Transfer of Ownership

Owner Information

Name Last First Middle Initial

Address House No. Street

City State Zip

County Town or Village

Phone: Home () _____

 Cell () _____

Pet Information

Name Date of Birth _____

Breed _____

Color _____ Markings: _____

Sex: Male Female Neutered Spayed

Under 4 months

Exempt Dogs: Guide No Fee

License No. _____

Date Issued: _____

Nutered Male - \$15.00
 UnNutered Male - \$23.00

Spayed Female - \$15.00
 UnSpayed Female - \$23.00

Rabies Certificate Required

Rabies Vaccine:

Manufacturer _____

Serial Number _____

1 year Vaccine 3 Year Vaccine

Date Vaccinated: _____

Veterinarian _____