Town of Cambridge Dog License

| License #: | Date: |
|--|--|
| Name: | License Expires: |
| Sex:Birth Year: | OriginalRenewalTransfer |
| Breed: | Local (4.00 spay/neuter 12.00unspay/unneuter) |
| Color: | State Fee (1.00spay/neuter 3.00 unspay/unneuter) |
| Spay/Neuter: Yes No | Pay This Amount (annually):\$ |
| Owner Name: | |
| Address: | |
| City, State, Zip | - |
| Phone# - email address | |
| RABIES IMMUNIZATION – M | MUST SUPPLY PROOF |
| Vaccination Date: | |
| Vac. Expiration Date: | |
| Veterinarian: | |
| Manufacturer: | |
| SerialNo.: | |
| Please place a check next to any | applicable changes: |
| Dog is Deceased | |
| Dog is Lost or Stolen | |
| Change of Address | |
| Transfer of Ownership | |
| Transfer of Ownership: | |
| _ | ord – Complete this form and give it along with the ID |
| tag to the new owner. | r |
| | Present this form to the clerk of the Town, city, or |
| | harbored to transfer the license into your name. |
| The second secon | 1142 0 0 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |
| Owner's Signature | Date |
| | |
| Town Clerk's Signature | Date |
| Make Checks Payable & Mail to | o: |
| Town of Cambridge | |
| 846 County Rt. 59 | |
| Cambridge, NY 12816 | |
| http://www.townofcambridgeny.org | |