

**Village of Scarsdale  
Dog License**

License #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Birth Year: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_

Due Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
New Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Type of License: \_\_\_\_\_

**Payment Information  
(For Issuing Agent Use Only)**

Cash: \_\_\_\_\_  
Check #: \_\_\_\_\_

PAY THIS AMOUNT (Annually): \$\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**PLEASE BE ADVISED THERE IS A \$5.00 LATE  
FEE IF NOT PAID BY END OF MONTH**

<b>RABIES IMMUNIZATION</b>	
<b>Supply Proof if Expiration is Blank or Lapsed</b>	
Vaccination Date:	____/____/____
Vac. Expiration Date:	____/____/____
Veterinarian:	_____
Manufacturer:	No. _____

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Transfer of Ownership:**

***Instructions for Owner of Record -  
Instructions for New Owner -***

Complete this form and give it along with the ID tag to the new owner.  
Present this form to the clerk of the Town, city or village in which the dog is to be harbored to transfer the license into your name.

**Please note any changes below:**

**THIS ENTIRE FORM MUST BE SENT BACK TO THE VILLAGE CLERK'S OFFICE WITH PAYMENT**

License #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Birth Year: \_\_\_\_\_  
Breed: \_\_\_\_\_  
Color: \_\_\_\_\_

Due Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
New Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Type of License: \_\_\_\_\_

**Make Checks Payable && Mail  
Village of Scarsdale**

**1001 Post Road  
Scarsdale, New York 10583**

PAY THIS AMOUNT (Annually): \$\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

<b>RABIES IMMUNIZATION</b>	
<b>Supply Proof if Expiration is Blank or Lapsed</b>	
Vaccination Date:	____/____/____
Vac. Expiration Date:	____/____/____
Veterinarian:	_____
Manufacturer:	No. _____

Clerk's Signature \_\_\_\_\_  
Date \_\_\_\_\_

**RECEIPT**