

**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**

RABIES IMMUNIZATION	
Supply Proof if Expiration is Blank or Lapsed	
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: _____

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

Clerk's Signature _____

Date _____

RECEIPT