

**OFFICE OF THE TOWN CLERK
JACQUELINE GREER**

ATTN: DOG OWNER

**ENCLOSED IS AN APPLICATION FOR A TOWN OF HARRISON
DOG LICENSE.**

REQUIREMENTS:

*** A COPY OF THE CURRENT RABIES CERTIFICATE
SHOWING THE MANUFACTURER, SERIAL NUMBER,
AND THE DATE OF THE CURRENT RABIES VACCINATION.**

*****THE RABIES VACCINATION MUST BE VALID FOR THE FULL
YEAR OF THE LICENSE.**

- **A COPY OF THE NEUTERING OR SPAYING CERTIFICATE,**

****OR****

- **IF THE CURRENT RABIES VACCINATION CERTIFICATE, STATES
THAT THE ANIMAL HAS BEEN SPAYED OR NEUTERED THEN, THAT IS
ACCEPTABLE.**

FEE: \$13.00 NEUTERED OR SPAYED DOG

\$21.00 UN-NEUTERED OR UN-SPAYED DOG

CASH OR CHECK PAYABLE TO: TOWN OF HARRISON

**FILL IN THE ENCLOSED FORM, SIGN IT, MAIL IT WITH ALL THE INFORMATION
IN THE ENCLOSED ENVELOPE, OR BRING IT TO THE:**

**TOWN CLERK'S OFFICE
MONDAY THROUGH FRIDAY
9:00 AM TO 5:00 PM.**

OFFICE USE
DOG IDENTIFICATION

License No. _____ Breed: _____
Date Issued: _____ Expiration: _____
Color(s): _____ Other ID: _____
Dog's Year of Birth:

--	--	--	--

Tag No.: _____
Name: _____

Town-Village Clerk of Harrison
Alfred F. Sulla, Jr. Municipal Building
1 Heineman Place
Harrison, NY 10528
(914) 670-3030

DOG LICENSE

Issuing County Code/
TCV Code

5	5	0	5
---	---	---	---

LICENSE TYPE

Original Renewal Transfer of Ownership

OFFICE USE
RABIES CERTIFICATE REQUIRED

Rabies Vaccine:
Manufacturer: _____
Serial Number: _____
 One Year Vacc. Three Year Vacc.
Date Vaccinated: _____
Veterinarian: _____

Owner Identification (Person who harbors or keeps dog)

Last Name: _____ First Name: _____ M.I.: _____

Owner's Primary & Secondary Phone No.
Area Code

Owner's Cell Phone No. & Emergency Contact No.
Area Code

() _____ - _____ () _____ - _____

() _____ - _____ () _____ - _____

Mailing Address:

House No. _____ Street or R.D. No. or P.O. Box No. _____

Town, City, or Village _____ State _____ Zip Code _____
NY

County: Westchester

E-Mail: _____ @ _____

OFFICE USE
TYPE OF LICENSE

Male, neutered \$13.00 Female, spayed \$13.00

Male, unneutered \$21.00 Female, unsprayed \$21.00

Exempt Dogs (Guide, war, police, detection, therapy, working search, hearing and service)
NO FEE

Total Fee: \$ _____

Would you like to become a member of the Harrison Dog Park? The fee is \$20.00 for a resident. Please check here:

YES NO

OWNER'S SIGNATURE: _____ DATE: _____

CLERK'S SIGNATURE: _____ DATE: _____