

**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.**

Jacqueline Greer

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

OFFICE USE
DOG IDENTIFICATION

License No. _____ Breed: _____

Date Issued: _____ Expiration: _____

Color(s): _____ Other ID: _____

Dog's Year of Birth:

Tag No.: _____

Name: _____

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 Phone No.
Area Code

Owner's Secondary Phone No.
Area Code

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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 Address: _____ @ _____

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: _____