

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.

# Dog License

Town-Village Clerk of Harrison  
1 Heineman Place  
Harrison, NY 10528  
(914) 670-3030

Issuing County Code/ TCV Code  
5505

- ☐ Original  
☐ Renewal  
☐ Transfer of Ownership

## Office Use DOG IDENTIFICATION

License No. \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Name: \_\_\_\_\_  
Color(s): \_\_\_\_\_  
Breed: \_\_\_\_\_  
Rabies Tag No. \_\_\_\_\_  
Dog's Year of Birth: \_\_\_\_\_

## Owner Identification (Person who harbors or keeps dog)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I: \_\_\_\_\_  
Owner's Primary Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Emergency Contact Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
**Mailing Address:**  
House or P.O. Box No. \_\_\_\_\_ Street \_\_\_\_\_  
Town, City, or Village \_\_\_\_\_ State NY Zip Code \_\_\_\_\_  
County: Westchester  
**Email:** \_\_\_\_\_

## Office Use TYPE OF LICENSE

Male, Neutered, \$13 ☐ Female, Spayed, \$13 ☐  
Male, Unneutered, \$21 ☐ Female, Not Spayed, \$21 ☐  
Exempt (Guide, War, Police, Detection, Therapy, Working Search, Hearing & Service) ☐

Total Fee: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Clerk's Signature: \_\_\_\_\_

Date: \_\_\_\_\_