

**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: 

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Tag No.: \_\_\_\_\_  
Name: \_\_\_\_\_

**OFFICE USE**  
**RABIES CERTIFICATE REQUIRED**

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

**DOG LICENSE**

Issuing County Code/  
TCV Code

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**LICENSE TYPE**

Original       Renewal       Transfer of Ownership

**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

( ) -      ( ) -

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: \_\_\_\_\_