



Town of Ossining
16 Croton Ave
Ossining, NY 10562
Clerk's Office

Dog Licensing Application

Original Renewal Transfer of Ownership

Owner Information

Name Last First Middle Initial

Address House No. Street

City State Zip

Email Address: _____

Phone: Home () _____

Cell () _____

Pet Information

Name Date of Birth _____

Breed _____

Color Markings: _____

Sex: Male Female Neutered Spayed

Under 4 months

Exempt Dogs: Guide No Fee

License No. _____

Date Issued: _____

Rabies Certificate Required

Rabies Vaccine: _____

Manufacturer _____

Serial Number _____

1 year Vaccine 3 Year Vaccine

Date Vaccinated: _____

Veterinarian _____

Neutered Male - \$15.00
UnNeutered Male - \$23.00

Spayed Female - \$15.00
UnSpayed Female - \$23.00