

TOWN OF HAMMOND DOG LICENSE APPLICATION

Mail/Dropbox to: Pam Burton, Town Clerk, PO Box 219/ 21 S. Main St., Hammond NY 13646

***If not on file, application must include a copy of current rabies immunization with proof of spay/neuter.**

The town dog tag and computer generated license will be mailed to you.

Owner Name & Address & Phone

RABIES IMMUNIZATION

Name of Vet Clinic _____
Veterinarian name: _____
Rabies vaccination date: _____
Rabies vaccination expiration date: _____
Manufacturer: _____
Serum lot #: _____ Tag #: _____
Spay/Neuter date: _____ Clinic name: _____

Dog Information

Dog Name: _____

Sex: _____

Birth Year: _____

Breed: _____

Color: _____

License Type: New or Renew

License Fee:

Spay/Neutered (PROOF REQUIRED)- \$7.50

Unspayed/Unneutered - \$15.50

If mailing, make out check to Town of Hammond

Total Collected: _____

Signature _____

Date: _____

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PO Box 219/ 21 S. Main St., Hammond NY 13646
#315-324-5321 Ext. 11