

**OFFICE USE  
DOG IDENTIFICATION**

License No. \_\_\_\_\_ Breed: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration: \_\_\_\_\_

Color(s): \_\_\_\_\_ Other ID: \_\_\_\_\_

Dog's Year of Birth:

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

Name: \_\_\_\_\_

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

**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

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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: \_\_\_\_\_