

NYS DEPARTMENT OF AGRICULTURE AND MARKETS - DIVISION OF ANIMAL INDUSTRY - DOG LICENSING
10B AIRLINE DRIVE, ALBANY, NY 12235

APPLICATION FOR PUREBRED LICENSE OR RENEWAL
(to be retained by clerk)

License No. Assigned: PB

Owner check if renewal and fill in Purebred number assigned

Applicant Complete the Following: (please print or type) Follow instructions on reverse side.

STATE OF NEW YORK - County of _____ Town or City of _____, being duly sworn, deposes and says that (s)he is the owner of one or more purebred dogs registered by a recognized registry association; that the establishment where the dogs are harbored is known as _____ located in the Town or City, or, in the Counties of Nassau and Westchester, incorporated Village of _____ County of _____ New York; that all purebred dogs over the age of four (4) months which are harbored on the premises are listed; that all dogs listed are owned by the applicant; that the information set forth below correctly lists the name, address and telephone number of the owner and the sex, breed, registry name and number and other information requested of each purebred registered dog over four (4) months of age and the sex and breed of each purebred dog eligible for registration over four (4) months of age, and that a purebred license is hereby requested.

Owner's Mailing Address: _____
_____ NY Zip _____ Area Code & Phone No _____

Name of Veterinarian(s) who administered Rabies Vaccinations _____

Registry Numbers	Registry Assoc.	Name of Dog	Sex	Breed	Is Dog Spayed or Neutered?		Date of Rabies Vaccination	Rabies Vaccine	
					Yes	No		1 YR	3 YR

(if more space is needed, please use back of form)

Owner's Signature _____ Check if name, address or phone number has changed from previous year.

Subscribed and sworn to before me, this _____ day of _____ 20____
Signature & Title _____

(OVER)

