

Town of Dickinson

Susan M. Cerretani, Town Clerk
 607-723-9401
 531 Old Front Street
 Binghamton, NY 13905

Transaction Date: _____

Owner's Copy

License #: _____	Prev Exp Date: _____
Name: _____	New Exp Date: _____
Sex: _____	License Type: _____
Birth Year: _____	License Fee: _____
Breed: _____	State Surcharge: _____
Color: _____	PAY THIS AMOUNT: _____
	Amount Paid: _____

Address: _____

Phone: _____ Email: _____

Please place a check next to any applicable changes:

- Dog is Deceased
- Dog is Lost or Stolen
- Change of Address *
- Transfer of Ownership *

* Please fill out required fields

Date of Change: ___/___/___
 * (New) Owner _____
 * Mailing Address: _____
 * City, State, Zip: _____
 * Phone Number: _____
 * Email Address: _____
 * County: _____

Transfer Of Ownership:

Instructions for Owner of Record - Complete this form and give it along with the ID tag to the new owner.

Instructions for New Owner - Present this form to the clerk of the Town, City, or Village in which the dog is to be harbored to transfer the license into your name.

_____ Date

_____ Clerk's Signature

Town of Dickinson

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Amount Paid: _____

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Sex: _____	License Type: _____
Birth Year: _____	License Fee: _____
Breed: _____	State Surcharge: _____
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Clerk's Copy
Make Checks Payable & Return to:

Town of Dickinson
 531 Old Front Street
 Binghamton, NY 13905

RABIES IMMUNIZATION

Vaccination Date: _____
 Vac. Expiration Date: _____
 Veterinarian: _____
 Manufacturer: _____
 Serial #: _____

Address: _____

_____ Owner's Signature

_____ Date