

Town of Dickinson

Wendi Evans, 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

RABIES IMMUNIZATION

Supply Proof if Expiration is Blank or Lapsed

Vacc Date: _____

Vacc Exp Date: _____

Veterinarian: _____

Manufacturer: _____

Serial#: _____

Town of Dickinson

Transaction Date: _____

Amount Paid: _____

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

Address: _____

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#: _____

Owner's Signature

Date