DL-1 Rev. 09/04

DOG IDENTIFICATION

License No.	Chk Code
Date Issued	Expiration Date
Dog Breed	CODE
Dog Color(s)	CODE(S)
Other ID / Dog's Yr. of Birth Last 2 Digits	
Markings / Dog's Name	

TOWN OF HAMDEN

(607) 746-6660

DOG LICENSE

LICENSE TYPE

☐ ORIGINAL ☐ RENEWAL

☐ TRANSFER OF OWNERSHIP

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 First Middle Initial

Owner's Phone No. Area Code

Mailing Address: House No. Street or R.D. No. and P.O. Box No.

Phone No.

City State Zip

County Code

County Town, City or Village

Town, City, Vil. Code

TYPE OF LICENSE	FEE	STATE FEE
1. ☐ Male, neutered		
2. ☐ Female, spayed		
3. Male, unneutered		
☐ under 4 months		
☐ 4 mos. & over		
4. Female, unspayed		
☐ under 4 months		
☐ 4 mos. & over		
5. ☐ Exempt Dogs		

STATE FEE _____

LOCAL FEE _____

SPAY/NEUTER FEE _____

ENUMERATION FEE _____

TOTAL FEE _____

IS OWNER LESS THAN 18 YEARS OF AGE? ☐ YES ☐ NO IF YES, PARENT OR GUARDIAN SHALL BE DEEMED THE OWNER OF RECORD AND THE INFORMATION MUST BE COMPLETED BY THEM.

Owner's Signature Date Clerk's Signature Date