

Town of Plainfield

Linda Ingber, Town Clerk
315-855-7873
129 County Highway 18A
West Winfield, NY 13491

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

RABIES IMMUNIZATION

Supply Proof if Expiration is Blank or Lapsed

Vacc Date: _____
Vacc Exp Date: _____
Veterinarian: _____
Manufacturer: _____
Serial #: _____

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 Plainfield

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

Address: _____

Phone _____ Email: _____

Clerk's Copy

Make Checks Payable & Return to:

Town of Plainfield
129 County Highway 18A
West Winfield, NY 13491

RABIES IMMUNIZATION

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

Owner's Signature

Date