

**Town of Morristown
NY Dog License Application Form**

Your Tags and Computer-Generated license will be mailed to you

OWNER NAME

RABIES IMMUNIZATION

Vac. Date: _____

PHYSICAL ADDRESS

Vac. Exp. Date: _____

Veterinarian: _____

Manufacturer: _____

Serial #: _____

MAILING ADDRESS

Phone Number: _____

DOG INFORMATION

Dog Name: _____

License Type: _____

Sex: _____

License Fee: Spay/Neutered (Proof Required) - \$ 7.00

Birth Year: _____

Unspayed/Neutered - \$15.00

Breed: _____

Color: _____

Owner Signature

Please make checks payable: Town of Morristown

Mail completed form and payment along with proof of rabies and spay/neuter if applicable to:

Town of Morristown
PO Box 240
Morristown, NY 13664

Questions? Please call us at 315 375-6510