

**TOWN OF MORRISTOWN**

**P.O. BOX 240**

**604 Main Street**

**Morristown, NY 13664**

**Phone (315) -375-6510**

**Fax (315) -375-4723**

**TDD-1-800-662-1220**

**Email:townoffice@nnymail.com**

**TOWN OF MORRISTOWN DOG LICENSE APPLICATION**

Your tag and license will be mailed to you

**Owner Name & Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RABIES IMMUNIZATION**

**REQUIRED**

Proof of rabies is **required**  
Please attach a copy of the shot record

**Phone Number**

( ) \_\_\_\_\_ - \_\_\_\_\_

**Dog Information**

Dog Name: \_\_\_\_\_

Sex: \_\_\_\_\_

Birth Year: \_\_\_\_\_

Breed \_\_\_\_\_

Color \_\_\_\_\_

**License Type:**      New

**License Fee:** Payable to Town of  
Morristown

\_\_\_\_ Spayed/Neutered (Proof Required) - \$ 7.00

\_\_\_\_ Un-spayed/Un-neutered -      \$15.00

\_\_\_\_\_  
**Signature**

Date: \_\_\_\_\_