



Town of Bedford Dog License Application

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| <input type="checkbox"/> New License | <input type="checkbox"/> Renewal License #: | <input type="checkbox"/> Cancellation Reason: |
| Last Name: | | First: |
| Street Address: | | Phone: |
| City, State, Zip: | | Email: |
| Name of Dog: | | Year of Birth: |
| Breed: | | Color(s): |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Markings: | Tattoo or chip: |
| Required: Enclose a copy of Rabies Certificate | Date Vaccinated: | Vaccination: <input type="checkbox"/> 1-Year <input type="checkbox"/> 3-Year |
| Veterinary Hospital: | | |
| <p style="text-align: center;">Check appropriate box</p> <p style="text-align: right;">Fee</p> <p><input type="checkbox"/> Neutered/Spayed. \$ 20</p> <p><input type="checkbox"/> Un-Neutered/Un-Spayed. \$ 25</p> <p>Exemption – No Fee (Guide, War, Police, Hearing, Service Dogs)</p> | <p>Include:</p> <ol style="list-style-type: none"> 1. This completed form 2. Rabies Certificate from veterinarian 3. Appropriate fee (listed at left) (make check payable: Town of Bedford) <p>Mail or Bring ALL to: Town Clerk Town of Bedford 321 Bedford Road Bedford Hills, NY 10507</p> <p>(Note: <u>if by mail</u>: include self-addressed, stamped envelope. When completed, your license and rabies certificate will be mailed to you)</p> <p>Questions or additional information, Call 914-666-4534</p> | |
| Owner's Signature: | Clerk's Signature: | |
| Date: | Date: | |