

TOWN OF HAMMOND DOG LICENSE APPLICATION

Mail to: Pam Burton PO Box 219 Hammond NY 13646

***Please include a copy of the current veterinarian rabies immunization and a copy of the spay/neuter certificate, if applicable.**

The town dog tag and computer generated license will be mailed to you.

Owner Name & Address & Phone

RABIES IMMUNIZATION

Vacc Date: _____
Vacc Exp. Date: _____
Veterinarian: _____
Manufacturer: _____
Serial #: _____
Rabies Tag #: _____

Dog Information

Dog Name: _____
Sex: _____
Birth Year: _____
Breed: _____
Color: _____

License Type: New or Renew

License Fee:
Spay/Neutered (PROOF REQUIRED)- \$7.50
Unspayed/Unneutered - \$15.50

If mailing, must pay with check or money order.
(make out check to Town of Hammond).

Total Collected: _____

Signature _____ **Date:** _____

Mail to: Pam Burton
PO Box 219, Hammond NY 13646
#315-324-5321 Ext. 11
Hours Monday 9am-4, Tues.-Thurs. 9am-3