



TOWN OF ISLIP
655 Main St., Islip, NY 11751

OLGA H. MURRAY
Town Clerk & Registrar

Dog License Application

Owner Identification: (Any person who shelters or feeds the dog)

Name of owner: _____ Phone: _____

Address: _____
Street City State/Zip

Dog Identification:

Dog's Name: _____ Breed: _____

Primary Color: _____ Secondary Color: _____

Birth year: _____ Sex: Male Female

****FOR OFFICE USE ONLY****

License Tag No: _____ Issue Date: _____ Expiration Date: _____

Vaccinated: _____ # Yrs: _____ Expiration Date: _____ Manufacturer: _____ Serial No: _____

Veterinarian: _____

Type of License:

Spayed/Neutered:.....\$6.00

Unspayed/Unneutered 4 months and over:.....\$13.00

Exempt Dogs: NO FEE
(Guide dogs, police, detection, working search, hearing and service)

Signature of owner: _____ Date: _____

Signature of clerk: _____ Date: _____

NOTE: Return this form with all of the following:

- Check or money order payable to the Islip Town
- A Valid Rabies Certificate
- A Spay/Neuter Certificate