

License No. 0000039

Date Issued 01/13/2011
Expiration Date 12/31/2011
Birth Year 2004
Dog's Name NIKKI
Dog Breed Shih Tzu
Dog Color(s) Red/White
Tattoo/Microchip
Markings

TOWN OF ELBRIDGE DOG LICENSE

PO BOX 568
JORDAN NY 13080
(315) 689-9031

Renewal License

Rabies Immunization	
Vaccination Date	Vaccination Exp. Date
09/10/2009	09/09/2012
Manufacturer	Serial No.
Veterinarian	
DR SMITH	

**PHELPS, DAN
14 N BEAVER ST
JORDAN NY 13080**

**Owners Home Phone
(315) 689-3381
Owners Work/Cell Phone
(315) 436-2383
Owners Email Address**

Type of License: Female, spayed

Local Fee 7.00
State Surcharge 1.00
Total Fee 8.00

_____ Clerks Signature

_____ Date

Owner's Copy

LICENSE CHANGE AND TRANSFER OF OWNERSHIP

Transfer of Ownership:

**Instructions for Owner of Record: Complete this form and give it along with the ID tag to the new owner.
Notify your Town Clerk.**

Instructions for New Owner: Present this form to the clerk of the Town, City or Village in which the dog is to be harbored to transfer the license into your name.

Type of Change (check one):

<input type="checkbox"/>	Dog is Deceased
<input type="checkbox"/>	Dog is lost or stolen
<input type="checkbox"/>	Change of Address
<input type="checkbox"/>	Transfer of Ownership

New Owner's Name	
House No.	Street
City, State, ZIP	
Phone Number	Date of Change:

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