

City of Rye.
 City Clerk
 1051 Boston Post Road
 Rye, New York 10580

CITY OF RYE DOG LICENSE APPLICATION

Tel: (914) 967-7371
 Fax: (914) 921-2493
 E-mail: cityclerk@ryeny.gov
 http://www.ryeny.gov

License Number:				
OWNER INFORMATION				
Name:				
Current Address:			Apt. No.	
City:	State:		ZIP Code:	
Phone No.:		Email Address:		
ORIGINAL _____	PET INFORMATION			RENEWAL _____
Name:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Year:		
Neutered <input type="checkbox"/> Spayed <input type="checkbox"/>	Breed:		Color:	
Rabies Vaccination Date:			Expiration Date:	
Rabies Manufacturer:			Serial #	
Veterinarian:	Address:		City/State/Zip:	
FEE				
Neutered or Spayed \$21.00		Unaltered \$28.00		
<p>Please make check payable to: City of Rye Mail to: City of Rye, City Clerk, 1051 Boston Post Rd. Rye, NY 10580. Please include a copy of the RABIES CERTIFICATE from vet. Work dogs are exempt from licensing fee. You must have an official certificate from the training organization for exempt status.</p>				
TRANSFER OF OWNERSHIP INFORMATION				
Name of New Owner:			Date:	
Address:		City:	State/Zip	
Phone #:		Email Address:		
ADDITIONAL INFORMATION				
New Address (if changed):			City/State/Zip	Phone #:
My dog has been	Sold <input type="checkbox"/>	Lost <input type="checkbox"/>	Deceased <input type="checkbox"/>	Stolen <input type="checkbox"/>