

# Town of Stark

Lynn Rogers, Town Clerk  
518-993-3506  
703 Elwood Road  
Fort Plain, New York 13339

## Owner's Copy

License #:	_____	Prev Exp Date:	_____
Name:	_____	New Exp Date:	_____
Sex:	_____	License Type:	_____
Birth Year:	_____	License Fee:	_____
Breed:	_____	State Surcharge:	_____
Color:	_____	<b>PAY THIS AMOUNT:</b>	_____
		<b>Amount Paid:</b>	_____

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please place a check next to any applicable changes:

- Dog is Deceased
- Dog is Lost or Stolen
- Change of Address \*
- Transfer of Ownership \*

\* Please fill out required fields

### Transfer Of Ownership:

*Instructions for Owner of Record* - Complete this form and give it along with the ID tag to the new owner.

*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.

## RABIES IMMUNIZATION

Supply Proof if Expiration is Blank or Lapsed

Vacc Date: \_\_\_\_\_  
 Vacc Exp Date: \_\_\_\_\_  
 Veterinarian: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_  
 Serial #: \_\_\_\_\_

Date of Change: \_\_\_ / \_\_\_ / \_\_\_  
 \* (New) Owner \_\_\_\_\_  
 \* Mailing Address: \_\_\_\_\_  
 \* City, State, Zip: \_\_\_\_\_  
 \* Phone Number: \_\_\_\_\_  
 \* Email Address: \_\_\_\_\_  
 \* County: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Clerk's Signature

# Town of Stark

License #:	_____	Amount Paid:	_____
Name:	_____	Prev Exp Date:	_____
Sex:	_____	New Exp Date:	_____
Birth Year:	_____	License Type:	_____
Breed:	_____	License Fee:	_____
Color:	_____	State Surcharge:	_____
		<b>PAY THIS AMOUNT:</b>	_____

## Clerk's Copy

**Make Checks Payable & Return to:**

Town of Stark  
703 Elwood Road  
Fort Plain, New York 13339

## RABIES IMMUNIZATION

Vaccination Date: \_\_\_\_\_  
 Vac. Expiration Date: \_\_\_\_\_  
 Veterinarian: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_  
 Serial #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_