

# Masonville

Town Clerk  
Linda Bourn  
607-265-4010 Ext, 5  
PO Box 275  
Masonville, NY 13804

## 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

Date of Change: \_\_\_\_/\_\_\_\_/\_\_\_\_

\* (New) Owner \_\_\_\_\_

\* Mailing Address: \_\_\_\_\_

\* City, State, Zip: \_\_\_\_\_

\* Phone Number: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

\* County: \_\_\_\_\_

## 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.

\_\_\_\_\_  
Date

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

# Masonville

## Amount Paid:

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

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

## Clerk's Copy

**Make Checks Payable & Return to:**

Masonville  
P.O. Box 275  
Masonville, NY 13804

## RABIES IMMUNIZATION

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

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date