Town of Plainfield

Owner's Copy

Linda Ingber, Town Clerk
315-855-7873
129 County Highway 18A
West Winfield, NY 13491

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

Address: _____

RABIES IMMUNIZATION

Supply Proof if Expiration is Blank or Lapsed

Vacc Date: _____
Vacc Exp Date: _____
Veterinarian: _____
Manufacturer: _____
Serial #: _____

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 *

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

* 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.

_____ _____
Date Clerk's Signature

Town of Plainfield

Amount Paid:

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

Clerk's Copy

Make Checks Payable & Return to:

Town of Plainfield
129 County Highway 18A
West Winfield, NY 13491

RABIES IMMUNIZATION

Vaccination Date: _____
Vac. Expiration Date: _____
Veterinarian: _____
Manufacturer: _____
Serial #: _____

Address: _____

Phone _____ Email: _____

_____ _____
Owner's Signature Date