

**Pamela D. Panzenbeck**  
*Mayor*



Phone: (516) 676-2000  
Fax: (516) 676-0108  
[www.glencoveny.gov](http://www.glencoveny.gov)

## **CITY OF GLEN COVE**

City Hall, 9 Glen Street, Glen Cove, NY 11542

### **DOG LICENSE APPLICATION**

Fill out and sign the enclosed application.

Enclose the following:

1. Current rabies certificate supplied by your Veterinarian
2. Paying or neutering certificate, if applicable, supplied by Veterinarian
3. Check or money order made payable to "City of Glen Cove"

Spayed/Neutered - \$10.00

Unspayed/Unneutered - \$18.00

4. Self-addressed stamped envelope

Mail to:

City Hall  
City Clerk's Office  
9 Glen Street  
Glen Cove, New York 11542



CITY OF GLEN COVE  
Office of the City Clerk  
9 Glen Street, Glen Cove, New York 11542  
(516) 676-3345

## APPLICATION FOR DOG LICENSE

### INSTRUCTIONS

Please include a self-addressed stamped envelope **AND** check made payable to the City of Glen Cove.

Please also include a certificate of rabies and a certificate of spaying or neutering from your veterinarian if applicable.

PLEASE PRINT

Check One:     NEW         RENEWAL         TRANSFER OF OWNERSHIP

### OWNER INFORMATION

FULL NAME (Last, First, Middle Initial)

ADDRESS

CITY

STATE

ZIP

HOME TELEPHONE NUMBER

CELL NUMBER

EMAIL

IF TRANSFER OF OWNERSHIP, SPECIFY PREVIOUS OWNER NAME

### DOG INFORMATION

DOG'S NAME

DOG COLOR(S)

DOG BIRTH YEAR

MARKINGS

DOG BREED

### RABIES VACCINATION INFORMATION

RABIES VACCINE MANUFACTURER

SERIAL NUMBER (NOT TAG NUMBER)

DATE VACCINATED

One Year Vac     Three Year Vac

VETERINARIAN

### LICENSE INFORMATION

LICENSE NUMBER

DATE ISSUED

EXPIRATION DATE

TYPE OF LICENSE

<input type="checkbox"/> Male, neutered	\$10.00	<input type="checkbox"/> Male, unneutered	\$18.00
<input type="checkbox"/> Female, spayed	\$10.00	<input type="checkbox"/> Female, unspayed	\$18.00

OWNER'S SIGNATURE

Date