

# Queensbury

Caroline H. Barber, Town Clerk  
518-761-8234  
742 Bay Road  
Queensbury, NY 12804

Edward Greenberg  
96 Dixon Road  
Queensbury, NY 12804

Phone: 518-824-6502 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.

**\*THE RABIES VACCINE MUST BE VALID FOR AT LEAST 30 DAYS FROM DATE OF RENEWAL.**

**\*PLEASE RETAIN THE TOP PORTION FOR YOUR RECORDS.**

**\*IF YOU WOULD LIKE A RECEIPT, PLEASE PROVIDE A SELF- ADDRESSED STAMPED ENVELOPE.**

10/23/14  
Date

Ka DBr  
Clerk's Signature

## Original Dog License

Owner's Copy

Transaction Date: 10/23/2014

License #: 3344	Prev Exp Date: N/A
Name: Tiger	New Exp Date: 10/31/2015
Sex: M	License Type: Neutered
Birth Year: 2013	License Fee: \$5.00
Breed: Shepherd Mix	State Surcharge: \$1.00
Color: Black/Tan (Beige)	<b>PAY THIS AMOUNT: \$6.00</b>
	<b>Amount Paid: \$6.00</b>

## RABIES IMMUNIZATION

Supply Proof if Expiration is Blank or Lapsed

Vacc Date: 9/10/2014

Vacc Exp Date: 9/9/2015

Veterinarian: Dr. Colby A. Jones

Manufacturer: Merial

Serial #: 12587

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

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

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

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

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

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

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