



**TOWN OF SHELTER ISLAND**  
38 North Ferry Road  
P.O. Box 1549  
Shelter Island, New York 11964

SHELBY MUNDY  
TOWN CLERK  
REGISTRAR OF VITAL STATISTICS  
FREEDOM OF INFORMATION OFFICER  
RECORDS ACCESS OFFICER

OFFICE (631)-749-1166  
FAX (631)-749-3436  
townclerk@shelterislandtown.gov  
<https://www.shelterislandtown.gov>

## DOG LICENSE

*Fees: Spayed or Neutered \$5.00  
Unspayed/Unneutered \$15.00*

### ***Owner Identification:***

Name: \_\_\_\_\_

Mailing & Street Address: \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

### ***Dog Identification:***

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color(s): \_\_\_\_\_ Year of Birth: \_\_\_\_\_

Markings/other ID: \_\_\_\_\_ Gender: \_\_\_\_\_

### ***Rabies Information:***

Date Vaccinated: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Serial Number: \_\_\_\_\_ One Year: \_\_\_\_\_ Three Years: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### ***Town Clerk Use Only:***

License Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Fee: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Town Clerk Signature: \_\_\_\_\_  
*(License is not valid until signed by Town Clerk/Deputy Town Clerk.)*