



**OFFICE OF THE TOWN CLERK**  
One Washington Street Hempstead, NY 11550  
Tel: (516) 812-3034 email: [licensing@tohmail.org](mailto:licensing@tohmail.org)

## **DOG TRANSFER OF OWNERSHIP**

Deceased dogs must be reported before or on receipt of renewal application

Deceased Dog    Lost or Stolen    Lost ID tag    Change of address / owner

### **OLD OWNER**

Old License # 

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Old Owners name: \_\_\_\_\_ Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Dogs Name: \_\_\_\_\_ **Signature of Old Owner:** \_\_\_\_\_  
Date: \_\_\_\_\_

### **NEW OWNER**

License # 

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Old Owners name: \_\_\_\_\_ Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Dogs Name: \_\_\_\_\_ **Signature of New Owner:** \_\_\_\_\_  
Date: \_\_\_\_\_

**Please do not mail cash**