



Dog License Application

6307 State Route 9, P.O. Box 467
Chestertown, New York 12817
Tel: (518)494-5160
townclerk104@gmail.com

Name of Owner: _____
Street Address: _____
Mailing Address (if different): _____
Phone #: _____ Email Address: _____

Dog Information:

Breed: _____ Name: _____
Primary Color: _____ Gender: _____
Secondary Color: _____ Birth Year: _____
Chip #: _____ Markings: _____

Rabies Information:

Veterinarian Name: _____ Vaccination Date: _____
Vaccine Manufacturer: _____ Vaccination Length: _____
Serum Lot Number: _____ Rabies Tag Number: _____

Type of License Fee (Please Check One):

Female, Spayed - \$5.00: _____ Female, Unspayed - \$15.00: _____
Male, Neutered - \$5.00: _____ Male, Unneutered - \$15.00: _____

Owner's Signature

Date

Office Use Only

License #: _____ Date: _____
Check #: _____ Cash: _____