Established 1788
Town of Catskill

Doreen Davis
SUPERVISOR

Elizabeth C. Izzo
TOWN CLERK

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TOWN ATTORNEY

townofcatskillny.gov

COUNCILMEN
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Jared Giordiano
Patrick McCulloch
Paul Vosburgh

DOG LICENSE APPLICATION

For Office Use Only

License Number_____ Date:_____

OWNER INFORMATION

Name_____

Current Address_____

City_____ State_____ Zip Code_____

Phone No._____ Email Address_____

ORIGINAL_____ **RENEWAL**_____

Name_____ Sex: Male___ Female____ Birth Year_____

Neutered____ Spayed____ Breed:_____ Color:_____

Rabies Vaccination Date:_____ Expiration Date:_____

Vaccine Manufacturer:_____ Serial #:_____

Veterinarian:_____ City:_____ State/Zip:_____

FEE

Neutered of Spayed $6.00 Unaltered $13.00

NOTE: Working dogs are exempt from licensing fee. You must have an official certificate from the training organization for exempt status.

TRANSFER OF OWNERSHIP

Name of New Owner_____ Date_____

Address_____ City_____ State/Zip_____

Phone No._____ Email Address_____

ADDITIONAL INFORMATION

My address changed • New Address_____

City_____ State/Zip_____ Phone #_____

My dog has been Sold_____ Deceased_____ Lost_____ Stolen_____

Please use this form to license new dogs that are older than 4 months or if the status of your dog has changed prior to renewal. Please include a check or money order for the appropriate fee. Once processed a tag and license will be sent to you. You may also stop into Town Hall to license your dog in person. Office hours are Monday through Friday, 9 am to 3 pm. Please call with any questions.