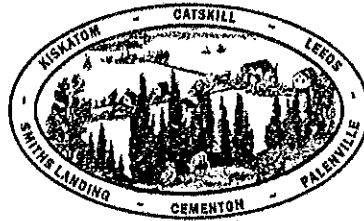


Patrick McCulloch
SUPERVISOR
Elizabeth Izzo
TOWN CLERK
Theodore Hilscher
TOWN ATTORNEY

Established 1788
Town of Catskill



COUNCILLORS
Jared Giordiano
Steven R. Espel Jr.
Brian Kozloski
Dawn Scannapieco

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 or 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.

439 Main Street ~ Catskill, NY 12414
TELEPHONE (518) 943-2141 FAX (518) 943-0209