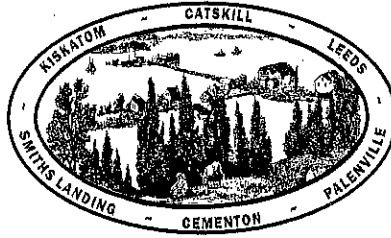


Established 1788

# Town of Catskill



Doreen Davis  
SUPERVISOR

Elizabeth C. Izzo  
TOWN CLERK

Michael Smith  
TOWN ATTORNEY

## COUNCILMEN

Jared Giordiano

Patrick McCulloch

Dawn Scannapieco

Paul Vosburgh

[townofcatskillny.gov](http://townofcatskillny.gov)

### 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.

4 3 9 M a i n S t r e e t ~ C a t s k i l l , N Y 1 2 4 1 4

TELEPHONE (518) 943-2141

FAX (518) 943-0209