

Established 1788

## Town of Catskill



Dale Finch  
SUPERVISOR  
Elizabeth Izzo  
TOWN CLERK  
Michael Smith  
TOWN ATTORNEY

COUNCILLORS  
Jared Giordiano  
Patrick McCulloch  
Dawn Scannapieco  
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 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