



TOWN OF FISHKILL  
OFFICE OF THE TOWN CLERK  
807 Route 52  
Fishkill, NY 12524

Phone: (845) 831-7800 ext. 3333 Fax: (845) 831-6040

Email: btompkins@fishkill-ny.gov

**DOG LICENSE APPLICATION**

**OWNER INFORMATION**

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Address (if different from mailing address):

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**DOG INFORMATION**

Dog Name: \_\_\_\_\_

Dog Breed: \_\_\_\_\_

Dog Color(s): \_\_\_\_\_

Markings: \_\_\_\_\_

Dog's Year of Birth: \_\_\_\_\_

**Please check one below:**

Male Neutered                       Female Spayed

Male Unneutered                       Female Unneutered

**OWNER MUST SUBMIT THE FOLLOWING WITH THIS APPLICATION**

- Current Rabies Vaccination Certificate, which must include: Veterinary Name, Vaccine Manufacturer Serum Lot Number, Rabies Tag Number, Date of Vaccine, Length of Vaccine (1 or 3 years)
- Proof of Spay/Neuter
- License Fee:  
\$10.00 if Dog **IS** Spayed/Neutered  
\$20.00 if Dog is **NOT** Spayed/Neutered  
**Please make check payable to the Town of Fishkill (If requesting by U.S. Mail you must include a Self-Addressed Stamped Envelope)**