



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:
\$ 7.00 if Dog **IS** Spayed/Neutered
\$15.00 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)