



## DOG LICENSE APPLICATION

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

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

Home Address (if different): \_\_\_\_\_

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

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

**Please Complete:**

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

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

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

Markings \_\_\_\_\_

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

**Please Check One:**

Male Neutered \_\_\_\_\_

Female Spayed \_\_\_\_\_

Male Unneutered \_\_\_\_\_

Female Unspayed \_\_\_\_\_

### **MUST ALSO SUBMIT**

**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**

**Check Made Payable to: Town of Fishkill  
Self-Addressed Stamped Envelope if By Mail**

### **FEES**

**\$10.00 If Dog is Spay/Neutered**

**\$20.00 If Not**