



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**

ANNUAL FEE

\$10.00 If Dog is Spayed/Neutered

\$20.00 If Not

Senior Citizen (65+): \$1.00 If Dog is Spayed/Neutered

\$3.00 If Not