

Established 1788

# Town of Catskill



Dale Finch  
SUPERVISOR  
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TOWN CLERK  
Ted Hilscher  
TOWN ATTORNEY

COUNCILLORS  
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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