

DOG IDENTIFICATION
 License No. _____
 Date Issued _____
 Expiration Date _____
 Dog Breed _____
 Dog Color(s) _____
 Other ID _____
 Dog's Yr of Birth _____
 Markings _____
 Dog's Name _____

TOWN OF DUANESBURG

5853 Western Turnpike
 Duaneburg, NY 12056
 518-895-8920

DOG LICENSE
 License Type

**RABIES CERTIFICATION
 REQUIRED**
 Rabies Vaccine:
 Manufacturer _____
 Serial Number _____
 One Year Vacc. Three Year Vacc.
 Date Vaccinated _____
 Veterinarian _____

- Original Renewal
 Transfer of Ownership
 Replacement Tag

Owner Identification (Person who harbors or keeps dog):	Last	First	Middle Initial	Owner's Phone No.
Mailing Address:	House No.	Street or Road and P.O. Box No.		
City		State	Zip Code	
County		Town, City, Village		

- | TYPE OF LICENSE | State Fee | Local Fee |
|--|-----------|-----------|
| <input type="checkbox"/> Male, neutered | \$1.00 | \$9.00 |
| <input type="checkbox"/> Female, spayed | \$1.00 | \$9.00 |
| <input type="checkbox"/> Male, unneutered | \$3.00 | \$17.00 |
| <input type="checkbox"/> Female, unsprayed | \$3.00 | \$17.00 |
| <input type="checkbox"/> Replacement Tag | | \$2.00 |

State Fee _____
Local Fee _____
Enumeration Fee _____
Total _____

IS OWNER LESS THAN 18 YEARS OF AGE? YES NO
 IF, YES, PARENT OR GUARDIAN SHALL BE DEEMED
 THE OWNER OF RECORD AND THE INFORMATION
MUST BE COMPLETED BY THEM

Owner's Signature

Date

Clerk's Signature

Date
