

**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

DUANESBURG, NY 12056

518-895-8920

**DOG LICENSE****LICENSE TYPE**

- ☐ ORIGINAL  
☐ RENEWAL  
☐ REPLACEMENT TAG

**RABIES CERTIFICATION REQUIRED**

Rabies Vaccine:

Manufacturer \_\_\_\_\_

Serial Number \_\_\_\_\_

☐ One Year Vacc. ☐ Three Year Vacc.

Date Vaccinated \_\_\_\_\_

Veterinarian \_\_\_\_\_

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

TYPE OF LICENSE	State Fee	Local Fee
<input type="checkbox"/> Male, neutered	\$1.00	\$14.00
<input type="checkbox"/> Female, spayed	\$1.00	\$14.00
<input type="checkbox"/> Male, unneutered	\$3.00	\$22.00
<input type="checkbox"/> Female, Unspayed	\$3.00	\$22.00
Replacement Tag		\$5.00

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