

**DOG IDENTIFICATION**

CHIP #	
Dog Breed	
Dog Color(s)	
Other ID	Dogs Year of Birth – last 2 digits
Markings	Dog's Name

Town of Pittstown  
**DOG LICENSE APPLICATION**

97 Tomhannock Road • Valley Falls, NY 12185  
 (518) 753-4222

**RABIES CERTIFICATE REQUIRED**  
 Make check payable to: The Town of Pittstown

**Owner Identification (Person who harbors or keeps dog):** Last First Middle Initial

Owners Phone No. Area Code

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**Mailing Address: House No., Street, RD No. and PO Box No.**

Phone No.

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**City**

State

Zip

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**County**

Town, City or Village

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- | Type of License                               | License Fee |   | Population Fee |
|---|-------------|---|----------------|
| 1. <input type="checkbox"/> Male, neutered    | \$4.00      | + | \$1.00         |
| 2. <input type="checkbox"/> Female, spayed    | \$4.00      | + | \$1.00         |
| 3. <input type="checkbox"/> Male, unneutered  | \$11.00     | + | \$3.00         |
| 4. <input type="checkbox"/> Female, unsplayed | \$11.00     | + | \$3.00         |
| 5. <input type="checkbox"/> Exemption*        | No Fee      | + | No Fee         |

\* Guide dog, war dog, police dog, work dog, hearing dog, service dog.

License Fee _____
Population Fee _____
Total Fee _____

Is owner less than 18 years of age?  Yes  No  
 If yes, parent or guardian shall be deemed the owner of record and this information must be completed by them.

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_