

TOWN OF WASHINGTON
TOWN CLERK
10 Reservoir Drive • PO Box 667
Millbrook, NY 12545
845-677-3419

DOG LICENSE TYPE: ORIGINAL RENEWAL TRANSFER OF OWNERSHIP

DOG IDENTIFICATION	
LICENSE NO.	MICROCHIP ID NO.
DATE ISSUED	EXPIRATION DATE
DOG BREED	
DOG COLOR(S)	
OTHER ID	DOG'S YEAR OF BIRTH
MAKINGS	DOG'S NAME

RABIES CERTIFICATE REQUIRED
RABIES VACCINE: _____
MANUFACTURER: _____
SERIAL NUMBER: _____
<input type="checkbox"/> 1 YEAR VACC. <input type="checkbox"/> 3 YEAR VACC.
DATE VACCINATED: _____
VETERINARIAN: _____

OWNER IDENTIFICATION (Person who harbors or keeps dog)		
Last _____	First _____	Middle Initial _____
Home Phone _____	Cell _____	Email _____
Physical Address _____		
City _____	State _____	Zip _____
Mailing Address _____		
City _____	State _____	Zip _____
Town or Village _____		
TYPE OF LICENSE	FEE	NYS APCA FEE*
1) <input type="checkbox"/> MALE, NEUTERED	7.50	+ 1.00
2) <input type="checkbox"/> FEMALE, SPAYED	7.50	+ 1.00
3) MALE, UNNEUTERED		
<input type="checkbox"/> UNDER 4 MONTHS	7.50	
<input type="checkbox"/> 4 MONTHS & OVER	12.50	+ 3.00
4) FEMALE, UNSPAYED		
<input type="checkbox"/> UNDER 4 MONTHS	7.50	
<input type="checkbox"/> 4 MONTHS & OVER	12.50	+ 3.00
5) <input type="checkbox"/> EXEMPT DOG		

Please make checks payable to:
Town of Washington Town Clerk

ENUMERATION FEE \$25.00

LICENSE FEE: _____
*NYS APCA FEE: _____
TOTAL FEE: _____

*New York State Animal Population Control Program

Owner's Signature _____ Date _____ Clerk's Signature _____ Date _____

Include a Copy of the Rabies Certificate

If Neutered or Spayed, include a Copy of the Neuter/Spay Certificate