Complete this form for *each* dog being licensed and send with:

1. Current rabies certificate, must be filed annually
2. Spay/Neuter Certificate (if not noted on rabies certificate)
3. Self-Addressed stamped envelope
4. **Check made payable to:** **Town of New Paltz**

If ***any*** of these items are missing, we will not be able to process the license.

**Owner’s name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner’s Street Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner’s Mailing Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email** *(optional, used only to notify of annual license renewal):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Dog**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Breed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Color**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Unique Markings:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Veterinarian/Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check One**: Renewal: \_\_\_\_\_\_\_\_\_ Tag #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does dog still have this tag? Yes \_\_\_\_\_\_No\_\_\_\_\_\_

 New License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check One:** Female \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check One:** Spayed/Neutered $7.50: \_\_\_\_\_\_\_\_\_\_\_\_\_ Not spayed/neutered $18.00\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check One (*Seniors 65+ only):*** Spay/neuter $5.00 \_\_\_\_\_\_\_\_\_\_ Not spayed/neutered $15.50\_\_\_\_\_\_\_\_\_\_

**Mail this form and a check or money order to**: Town Clerk, Town of New Paltz

 P.O. Box 550

 New Paltz, NY 12561

***Dogs must be licensed annually as per New York State Law. Please make sure your dog wears the license tag at all times. For questions, please call (845) 255-0100.***