Town of Ancram

Dog License Application

Applicant Information

Owners Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Dogs Name: _____ Dogs Date of Birth.: _____ Primary Color: _____

Is the Dog Spayed or Neutered? YES ☐ NO ☐ Gender of Dog M☐ F☐

Rabies Information

Veterinarian: _____

Date of Rabies Vaccine:

Vaccine is (circle one): One Year Vaccine – or- Three Year Vaccine

Please include a copy of the Rabies Vaccine certificate for proof of Vaccination.

Fee: $6.00 if the Dog is Spayed/Neutered
$16.00 if the Dog is not Spayed/Neutered
Payable by Cash or Check to The Town of Ancram

Town Clerk Office Hours: Tues, Wed, Thurs 10-2
Sat 9:30- 12Noon

Email: townclerk@townofancram.org

Phone: 518-329-6512 ext 201