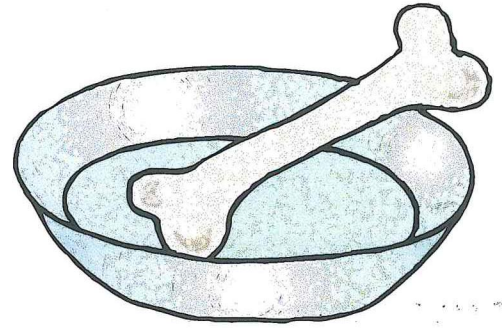


Town of Plattsburgh
Application for Dog License



Owner's Information:

Name: _____

Address: _____

Mailing Address: _____

Phone #: _____ Email Address: _____

For current pricing of licenses please call the Town Clerk's office at 563-6830

Dog's Information:

Name: _____ Birth Year: _____ Gender: M / F

Breed: _____ Dominant Color: _____

You are required by Town Law to provide a copy of your Dog's rabies vaccination and proof from your veterinarian if your dog has been spayed or neutered.

Veterinarians' Name: _____

Date of Rabies Vaccination: _____ Date of Spay/Neuter: _____

***You are required to license any dog older than four (4) months of age. Please return this form along with payment and proof of rabies vaccination and spaying/ neutering if applicable to**

Town Clerk
Town of Plattsburgh
151 Banker Rd.
Plattsburgh, NY 12901



***Dog licenses are renewed on a yearly basis and a renewal form will be sent to you at your mailing address.**