



TOWN OF CLAVERACK

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APPLICATION FOR DOG LICENSE

NAME OF OWNER _____

IF OWNER IS LESS THAN 18 YEARS OLD, THE PARENT OR GUARDIAN SHALL BE MADE THE OWNER OF RECORD

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

PHONE NUMBER _____

DOG IDENTIFICATION

NAME _____

BREED _____

COLOR _____

MARKINGS _____

GENDER _____

BIRTH YEAR _____

RABIES CERTIFICATE REQUIRED

PLEASE ATTACH A COPY OF THE CERTIFICATE WITH YOUR APPLICATION

VETERINARIAN/FACILITY _____

MANUFACTURER _____

SERIAL NUMBER _____

DATE VACCINATED _____

___ ONE YEAR VACC.

___ THREE YEAR VACC.

FEES

UNSPAYED OR UNNEUTERED

\$20

SPAYED OR NEUTERED

\$10

Tag # _____

Owner's Signature _____

Date _____