

**Town of Chatham**  
488 State Rt 295  
Chatham, NY 12037  
Phone: 518-392-3262 Fax: 518-392-4934  
Email: townofchatham@fairpoint.net

**DOG LICENSE**

License Type: Original\_\_ Renewal\_\_  
Failure to renew within the renewal month will result in a late fee of \$10.00.

**\*\*Copy of Rabies Certification Required for Licensing\*\***  
See reverse for owner's instructions

**DOG IDENTIFICATION**

License No. \_\_\_\_\_ Microchip No. \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Dog Breed: \_\_\_\_\_ Code: \_\_\_\_\_  
Dog Color(s): \_\_\_\_\_ Code(s): \_\_\_\_\_  
Other ID: \_\_\_\_\_ Dog's Year of Birth \_\_\_\_\_  
Markings: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Rabies Vaccine Manufacturer \_\_\_\_\_  
Serial No: \_\_\_\_\_  
One year vacc. \_\_\_ Three year vacc. \_\_\_  
Date Vaccinated: \_\_\_\_\_  
Veterinarian: \_\_\_\_\_

**Owner Identification** (Person who harbors or keeps dog)

IS OWNER LESS THAN 18 YEARS OF AGE? YES\_\_\_ NO\_\_\_ IF YES, PARENT OF GUARDIAN SHALL BE DEEMED THE OWNER OF RECORD AND THE INFORMATION MUST BE COMPLETED BY THEM

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Physical Address** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ @ \_\_\_\_\_

- 1. Neutered/Spayed \$7.50**                      **2. Un-neutered or Un-spayed \$15.50**

Please include a stamped self-addressed envelope with this form.

There will be a \$3.00 charge for replacement of a lost dog tag.

OWNER'S SIGNATURE

DATE