

TOWN OF KINGSTON
906 Sawkill Rd.
Kingston, NY 12401

DOG LICENSE

Owner's Name: _____

Address: _____

Phone Number: _____

Town License #: _____ Date Issued: _____

Expiration Date: _____ Name of Dog: _____

Date of Birth: _____ Breed of Dog: _____

Color and/or Markings of Dog: _____

Male Neutered: _____ Or Unneutered: _____
Female Spayed: _____ Or Unspayed: _____

Rabies Certificate Required: _____
Manufacturer: _____ Serial #: _____
One Year: _____ Three Year: _____ Date Vaccinated: _____
Veterinarian: _____

Fees: \$15.50 Unspayed/Unneutered (Senior Citizens 65+ \$10.50)
\$ 8.50 Spayed/Neutered (Senior Citizens 65+ \$ 3.50)

License Amount \$ _____

Owner's Signature: _____ Date: _____

Town Clerk's Signature: _____ Date: _____

Proof of rabies vaccine and proof of spaying/neutering are required to be on file in the Town Clerk's Office. Please return the license and proper fee to the Town Clerk. If you do not have the dog for any reason please notify the Town Clerk at 845-336-8853 Ext. 13.

**FAILURE TO RENEW LICENSE, WILL RESULT IN A SUMMONS TO
THE JUSTICE COURT.**