

TOWN OF CHESTER
 1786 KINGS HIGHWAY
 CHESTER, NY 10918

845 469 7000 EXT 4

DOG IDENTIFICATION

License No.		Microchip No.	
Date Issued		Expiration Date	
Dog Breed		Code	
Dog Color(s)		Code(s)	
Other ID	Dog's Yr. of Birth Last 2 Digits		
Markings		Dog's Name	

DOG LICENSE

LICENSE TYPE

- ORIGINAL RENEWAL
 TRANSFER OF OWNERSHIP

RABIES CERTIFICATE REQUIRED

Rabies Vaccine:
 Manufacturer _____
 Serial Number _____
 One Year Vacc. Three Year Vacc.
 Date Vaccinated _____
 Veterinarian _____

Owner Identification (Person who harbors or keeps dog): Last First Middle Initial **OWNER'S PHONE NO.**
Area Code

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Mailing Address: House No. Street or R.D. No. and P.O. Box No. Phone No.

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City **State** **Zip**

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County **Town, City or Village**

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TYPE OF LICENSE	Fee	Population Control Surcharge	
1. <input type="checkbox"/> Male, neutered	9.00	1.00	LICENSE FEE SURCHARGE ENUMERATION FEE _____ TOTAL FEE
2. <input type="checkbox"/> Female, spayed	9.00	1.00	
3. Male, unneutered			
<input type="checkbox"/> under 4 months	17.00	3.00	
<input type="checkbox"/> 4 mos. & over	17.00	3.00	
4. Female, unspayed			
<input type="checkbox"/> under 4 months	17.00	3.00	
<input type="checkbox"/> 4 mos. & over	17.00	3.00	
5. <input type="checkbox"/> Exempt dogs	0		

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

 Owner's Signature Date Clerk's Signature Date