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'S PHONE NO.**

**Owner Identification (Person who harbors or keeps dog):** Last First Middle Initial

Area Code

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

Phone No.

City

State Zip

County

Town, City or Village

| TYPE OF LICENSE | Fee | Population Control Surcharge |
|---|---|---|
| 1. ☐Male, neutered | 9.00 | 1.00 |
| 2. ☐Female, spayed | 9.00 | 1.00 |
| 3. Male, unneutered | | |
| ☐Under 4 months | 17.00 | 3.00 |
| ☐4 mos. & over | 17.00 | 3.00 |
| 4. Female, unspayed | | |
| ☐Under 4 months | 17.00 | 3.00 |
| ☐4 mos. & over | 17.00 | 3.00 |
| 5. ☐Exempt dogs | 0 | |

LICENSE FEE

SURCHARGE

ENUMERATION FEE 5.00

TOTAL FEE

IF OWNER LESS THAN 14 YEARS OF AGE? IF YES, YOU 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