DOG LICENSE APPLICATION

Town of Chester

1786 Kings Highway Chester, NY 10918

(845) 469-7000 Ext. 4

Dog's Name	
Microchip/Tattoo #	Birth Year
Dog Color	Markings
Dog Breed	

FOR OFFICE USE ONLY

LICENSE TYPE:

☐ ORIGINAL ☐ TRANSFER OF OWNERSHIP

License #: _____

Tag #: _____

Last Name, First Name, Middle Initial of Owner or Person who harbors or keeps this dog:

Physical Address:

Mailing Address:

City: State: Zip Code:

Email:

Primary Phone #: Alternate Phone #:

	Type:	Fee:
	Male (Neutered)	$10.00
	Female (Spayed)	$10.00
	Male (Not neutered)	$20.00
	Female (Not spayed)	$20.00
	Senior Exempt (65+ with proof of age)	$0.00
	Service/Support (Exempt with paperwork)	$0.00
	Replacement Tag	$3.00
	Enumeration Fee	$5.00

ATTACHMENTS REQUIRED:

**Current Rabies Vaccination Certificate &
Spayed/Neutered Documentation**

Is owner less than 18 years of age? Yes ☐ No ☐

If yes, parent or legal guardian of said "Owner" shall be deemed the "Owner of Record" and this application must be completed by them.

OWNERS SIGNATURE _____ DATE:_____

CLERK'S SIGNATURE _____ DATE:_____