

(All dogs four (4) months of age or older residing in the Town/Village are **REQUIRED to be licensed under NYS law.**)

Stillwater Dog License Application

Owner Identification:

Owner's Name: _____

Owner's Physical Address: _____

Owner's Mailing Address: _____

Owner's Email Address: _____

Emergency Contact/Cell Phone Number(s): _____

Dog Identification:

Dog's Name: _____

Dog Breed: _____ Dog's Year of Birth: _____

Dog Color(s): _____

Markings: _____ Microchip No.: _____

Male: _____

Neutered: _____

Fee: \$ 6.00

Not Neutered: _____

Fee: \$13.00

Make checks payable to:
Town of Stillwater

Female: _____

Spayed: _____

Fee: \$ 6.00

Not Spayed: _____

Fee: \$13.00

Seniors 65+

Fee: \$ 3.50

\$10.50

Rabies Certificate Required

Manufacturer: _____ Serial Number: _____

One-year Vacc: _____ **OR** Three-year Vacc. _____ Date Vaccinated: _____

Expiration Date: _____ Veterinarian: _____

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief. I agree to comply with all license conditions and with all other requirements of the city, county, and state governments including compliance with all of the provisions New York State laws and Ordinances of the Town of Stillwater

Owner's Signature: _____

Print Name: _____

Date: _____

Please attach the following required documentation with this application:

____ Proof of rabies vaccination from your veterinarian

____ Veterinarian certification of male neutered or female spayed

You may MAIL your completed application, check and required documents to:

Town Clerk-Stillwater 881 Hudson Avenue, PO Box 700 Stillwater NY 12170

518-664-6148, Danielle Cowin~ Town Clerk, Barbara McManus~ Deputy Clerk



THANK YOU FOR LICENSING YOUR DOG!