

Date:

Original Dog License Application

Mail Application, Rabies Certificate and Check to:

Town Clerk
20 Middlebush Road
Wappingers Falls, NY 12590

Please Use the Dog License Application Instruction Sheet When Completing this Form

Owner Info

First Name

Middle Initial

Last Name

Phone #

Email Address (optional)

Physical Home Address

Street #

Street Name

Apt #

City

State

ZIP

Mailing Address (if different)

Street #

Street Name

PO BOX

Apt #

City

State

ZIP

Type of License

Spay/Neuter Fee

TOTAL DUE

If Neutered or Spayed,
Include a Copy of the
Neuter/Spay Certificate

Dog Info

Breed Code

Tattoo #

Primary Color

Markings

Secondary Color

Gender

Dogs Name

Birth Year

Rabies Vaccination Information

Manufacturer

Tag #

Lenght of Vacc.

Vet's name

Include a Copy of the
Rabies Certificate