



DOG LICENSE APPLICATION

Owner Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **E-mail:** _____

Please fill out:

Dog Name _____

Dog Breed _____

Dog Color _____

Markings _____

Dog's Birth Yr. _____

Please check one:

Male Neutered _____

Female Spayed _____

Male Unneutered _____

Female Unspayed _____

YOU MUST ALSO SUBMIT

**VALID RABIES CERTIFICATE
CHECK PAYABLE TO BEEKMAN TOWN CLERK
SELF-ADDRESSED STAMPED ENVELOPE IF BY MAIL**

FEES

**\$10.00 IF DOG IS SPAYED/NEUTERED
\$18.00 IF NOT**

