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

Town of Shandaken

7209 Route 28

P O Box 67

Shandaken, New York 12480

DOG LICENSE

☐ ORIGINAL ☐ RENEWAL

RABIES CERTIFICATE REQUIRED

Rabies Vaccine:

Manufacturer _____

Serial Number _____

____ One Year Vacc. ____ Three Year Vacc.

Date Vaccinated _____

Veterinarian _____

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

OWNER'S PHONE NO. 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	Spay/Neuter Fee
1. Male, neutered	6.50	1.00
2. Female, spayed	6.50	1.00
3. Male, unneutered		
under 4 months	____	
4 mos. & over	12.50	3.00
4. Female, unspayed		
under 4 months	____	
4 mos. & over	12.50	3.00
5. Exempt dogs		

LICENSE FEE_____

SPAY/NEUTER FEE_____

ENUMERATION FEE_____

TOTAL FEE_____

IS OWNER LESS THAN 18 YEARS OF AGE? YES NO 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

********** NOTICE **********

TOWN OF SHANDAKEN now offers the convenience of accepting credit cards either in-person, by mail, or over the telephone by calling 845-688-5004 or via mail at Shandakenclerk@yahoo.com

If Calling: We still need proof of current rabies vaccination, proof of spay/neutering. You or your vet may email us or fax us the certificates at 845-688-2041

If by mail: please fill out the following & include copies of certificates (if current info hasn't already been provided).

Credit Card Number: _____ Exp. Date ____/____/____ ☐ Visa ☐ MC ☐ Amex ☐ Discover

Billing Address _____

☐ By signing below I agree to pay Town of Shandaken for the amount above and understand that a Third Party convenience fee will apply to my transaction in order for my town/city/state to accept payment via credit card. I further agree that such convenience fee shall be billed to my credit card by Nationwide Payment Solutions (NPS) as a separate transaction and equal to *2.45% ($1.50 minimum) of the total amount being paid..

X _____

(cardholder signature)