

(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

Female: \_\_\_\_\_ Spayed: \_\_\_\_\_ Fee: \$ 6.00  
Not Spayed: \_\_\_\_\_ Fee: \$13.00

**Make checks payable to:**  
**Town of Stillwater**

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, Beth Hein~ Deputy Clerk



**THANK YOU FOR LICENSING YOUR DOG!**