



TOWN OF CORTLANDT DOG LICENSE APPLICATION

Last Name:	First Name:
Street Address:	Phone Number:
City, State, Zip:	Email:

Dog's Name:		Year of Birth:	
Breed:		Color:	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Markings:	Neutered/Spayed <input type="checkbox"/> Yes <input type="checkbox"/> No

CURRENT COPY OF RABIES REQUIRED

<p>FEES:</p> <p>Neutered or Spayed: \$10.00 Not Neutered or Spayed: \$18.00</p> <p>Exemptions:</p> <p>No Fee – Guide, War, Police, Hearing, Service Dogs</p> <p>ACCEPTED FORMS OF PAYMENT:</p> <p>Cash, Check, Money Order or Credit Card in person or over the phone.</p> <p>**Please do not send cash in the mail**</p>	<p>Include the following:</p> <ul style="list-style-type: none"> This completed form Rabies Certificate Appropriate Fee <p>Please provide the above via:</p> <p>Email: tclerk@townofcortlandt.com (if submitting via email, we will call to process your credit card over the phone)</p> <p>Mail or in-person:</p> <p>Office of the Town Clerk 1 Heady Street Cortlandt Manor, NY 10567</p>
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Signature:	Date:
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