**TOWN OF ATHENS**
2 First Street
Athens, New York 12015
Phone: (518) 945-1052
Fax: (518) 945-2176



# Dog License Application

[ ] Original [ ] Renewal [ ] Transfer of Ownership

LICENSE NO: _____ DATE ISSUED: _____ DATE EXPIRED: _____

**Owner's Information**

Name: _____ Phone #: _____

Mailing Address: _____ Home Address: _____

City, State, Zip: _____ City, State, Zip:_____

Email Address: _____

**Dog License Information**

Dog's Name: _____ Date of Birth: _____ Gender: M F

Breed: _____ Color (Primary): _____ Color (Secondary): _____

Microchip: [ ] Yes [ ] No If yes, # _____

**Veterinarian Information**

Name: _____ Phone #: _____

Mailing Address: _____ City, State, Zip:_____

**Rabies Certification**

Please include a copy of valid rabies vaccination from your vet's office. This must include the following information:

Manufacturer, serum number, tag number, date vaccinated, and whether it is a one or three year vaccination.

**Failure to provide this documentation will result in your application being suspended and your check/payment being returned.**

**Fees**

Spayed/Neutered: $12 Unspayed/Unneutered: $19

Kennel License: $25 (1-10 Dogs) + Applicable Fees
$50 (11-25 Dogs) + Applicable Fees
$100 (More than 25 Dogs) + Applicable Fees

Shelter Contribution: $_____(OPTIONAL)

**Owner's Signature:** _____ Date: _____

**Please return this completed form to the Athens Town Clerk at the address above. Payments may be made by mail via check, or in person via cash, check, or card at the Town Clerk's office. Make checks payable to the Athens Town Clerk.**

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