

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: _____

Breed: _____ Color: _____

Microchip: Yes No If yes, # _____

Veterinarian Information

Name: _____ Phone #: _____

Mailing Address: _____

City, State, Zip: _____

Rabies Certification

Manufacturer: _____ Serial #: _____ Tag#: _____

Date Vaccinated: _____ 1 yr 3 yr

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

Owner's Signature: _____

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.