

Date:

# Town of Vestal Original Dog License Application

Bring or mail application, check and any required documents to:

**Vestal Town Clerk  
605 Vestal Parkway W.  
Vestal, NY 13850**

For additional information, please refer to the Dog Licensing section of of the Town Clerk's website

## Owner Info

First Name	<input type="text"/>	Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Phone #	<input type="text"/>	Email Address (optional) <input type="text"/>			

## Physical Home Address

Street #	<input type="text"/>	Street Name	<input type="text"/>
Apt #	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	ZIP	<input type="text"/>

## Mailing Address (if different)

Street #	<input type="text"/>	Street Name	<input type="text"/>	PO BOX	<input type="text"/>
Apt #	<input type="text"/>	City	<input type="text"/>		
State	<input type="text"/>	ZIP	<input type="text"/>		

Type of License	<input type="text"/>
Spay/Neuter Fee	<input type="text"/>
TOTAL DUE	<input type="text"/>

**If Neutered or Spayed,  
Include a Copy of the  
Neuter/Spay Certificate**  
(original will be returned)

## Dog Info

Breed		<input type="text"/>	
Primary Color	<input type="text"/>	Markings	<input type="text"/>
Secondary Color	<input type="text"/>	Gender	<input type="text"/>
Dogs Name	<input type="text"/>	Birth Year	<input type="text"/>

## Rabies Vaccination Information

Vaccination Date	<input type="text"/>
Lenght of Vacc.	<input type="text"/>
Vet's name	<input type="text"/>

**Include a Copy of the  
Rabies Certificate**  
(original will be returned)