



**Dog License Application**  
Mail to: Denning Town Clerk,  
PO Box 277, Claryville, NY 12725

(PLEASE PRINT)

License No. \_\_\_\_\_ Rabies Tag No. \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expirations Date: \_\_\_\_\_

Dog Breed: \_\_\_\_\_ Dog Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

\*You MUST submit proof of:

Rabies Mftr: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Vaccination Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_

County: Ulster Town of Denning

Ck Type of License:

Town Fee: NYS Fee

\_\_\_ Male / Female UNALTERED (Over 4 Mons.) \$ 9.50 + \$ 3.00 = \$12.50 per yr.

\_\_\_ Male / Female ALTERED (Over 4 Mons.) \$ 4.00 + \$ 1.00 = \$5.00 per yr.

\_\_\_ Service Dogs Exempt (Proof Required)

Licenses may be issued for the length of the years on the rabies certificate:

No. of Years of License X Fee = Amount due \$ \_\_\_\_\_ Ck# \_\_\_\_\_

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Clerk

\_\_\_\_\_  
Title: