own of Denning	Τονι	n of Denning
H F	Dog License	
42.00	ompleted Application with Attachments and o Denning Town Clerk / PO Box 2 ation & fee to Town Hall @ 1567 Denning Ro If Questions call: 845-985-2411 or email tow	77 / Claryville, NY 12725 ad, Claryville, NY 12725
Owner Name:		
Physical Address:		
Mailing Address if different:		
Phone:		
Dog's Name:	Date of Birth and/or Age:	
Licensed	Dog Must Be A	At Least 4 Months Old To Be
Dog's Breed:	Color:	
Check all that Apply: <ul> <li>Male</li> <li>Service Dog Exempt (Proof Required)</li> </ul> *If your Dog has been previously licensed in the second secon	Rabies Cert. Attached Continui	
YOU MUST SUBMIT PROOF OF CURF	RENT RABIES VACCINATION WITH THIS	SAPPLICATION.
RABIES MFTR:	Serial No.:	
Vaccination Date:	Vaccine Expiration Date : A Reminder Notice will be mailed to	
TOWN OF DENNING / STATE OF NY -	FEE INFORMATION PER YEAR:	
Spayed/Neutered Pet: Town Fee = :	\$4.00 / NYS Fee = \$1.00 <b>TOTAL = \$</b>	5.00
➢ Unaltered Pet: Town Fee =	\$9.50 / NYS Fee = \$3.00 <b>TOTAL = \$1</b>	2.50
Term of License in Years: X Ye	arly Fee = \$ Ck#/Cash	
SIGNATURE OF OWNER:	Date:	
To Be Completed by Town Clerk or Deputy Town Clerk <b>U</b>		
Denning License Tag #:	Current License Term:	to
Signature of Clerk or Deputy Clerk:	Date:	