

**TOWN CLERK  
TOWN OF WESTPORT  
22 CHAMPLAIN AVE.  
WESTPORT NY 12993  
518.962.4419  
WWW.WESTPORTNY.NET**

**APPLICATION FOR  
TOWN OF WESTPORT DOG LICENSE**

**DATE APPLIED FOR** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**STREET:** \_\_\_\_\_

**MAILING ADD:** \_\_\_\_\_

**TOWN:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**ZIP :** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**DOG NAME :** \_\_\_\_\_

**DOG SEX :** \_\_\_\_\_

**BIRTH YEAR :** \_\_\_\_\_

**BREED :** \_\_\_\_\_

**COLOR:** \_\_\_\_\_

**2ND COLOR :** \_\_\_\_\_

**VETERINARIAN:** \_\_\_\_\_

**RABBIES VACCINE :** ATTACH COPY OF CURRENT CERTIFICATE \_\_\_\_\_

**SPAYED/NEUTERED :**  **\$5.00 FEE**

**UNSPAYED/UNNEUTERED**  **\$12.00 FEE**

Licenses run from June 1st of current year to May 31st of the following year. Licenses are good for 1 year. Fee must be paid by June 30th.

**Office Use Only**

License Number: \_\_\_\_\_

Date\_License\_Issued: \_\_\_\_\_

Type of License: \_\_\_\_\_

Amount\_Paid: \_\_\_\_\_

Date\_Paid: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Payment type  Cash  Check