



Town of Beekmantown Dog License Application

Owners Name: _____

Address: _____

Mailing address: _____

Phone Number: _____

Email: _____

Dog Information

Name of Dog: _____

Breed: _____

Birth year: _____

Primary Color: _____ Secondary color: _____

Check One:

Spayed () Neutered ()

Gender: Male () Female ()

(Provide a copy of a current rabies certificate)

Remit to:

Town of Beekmantown Town Clerk

571 Spellman Rd

West Chazy, NY 12992