



# TOWN OF LAGRANGE

CHRISTINE O'REILLY-RAO  
120 STRINGHAM ROAD  
LAGRANGEVILLE, NY 12540  
845-452-1830 845-452-2289 FAX

## DOG LICENSE

**\* Rabies & Spay or Neuter Certification Required \***

Dog Breed:
Dog Colors (s):
Dog's Year of Birth:
Markings:
Dog's Name:

LICENSE TYPE	
<input type="checkbox"/>	ORIGINAL
<input type="checkbox"/>	RENEWAL
<input type="checkbox"/>	TRANSFER OF OWNERSHIP

Owner Identification (person who harbors the dog): Last, First, Middle Initial

Mailing Address: House No., Street or R.D. No. and P.O. Box No.

City

State

Zip Code

Area Code & Phone Number

Alternate Phone Number

Type of License

Fee

- |   |         |
|---|---------|
| <input type="checkbox"/> Male, neutered   | \$9.00  |
| <input type="checkbox"/> Female, spayed   | \$9.00  |
| <input type="checkbox"/> Male, unneutered   | \$17.00 |
| <input type="checkbox"/> Female, unspayed   | \$17.00 |
| <input type="checkbox"/> Exempt Dog: Guide dog,<br>therapy dog, working search,<br>hearing, and service | \$0.00  |

Owner's Signature

Date