

Date:

Town of Vestal Original Dog License Application

Bring or mail application, check and any required documents to:

**Vestal Town Clerk
605 Vestal Parkway W.
Vestal, NY 13850**

For additional information, please refer to the Dog Licensing section of the Town Clerk's website

Owner Info

First Name

Middle Initial

Last Name

Phone #

Email Address (optional)

Physical Home Address

Street #

Street Name

Apt #

City

State

ZIP

Mailing Address (if different)

Street #

Street Name

PO BOX

Apt #

City

State

ZIP

Type of License Spayed or Neutered \$15.00

Unspayed or Unneutered \$25.00

TOTAL DUE

**If Neutered or Spayed,
Include a Copy of the
Neuter/Spay Certificate**
(original will be returned)

Dog Info

Breed

Primary Color

Markings

Secondary Color

Gender

Dogs Name

Birth Year

Rabies Vaccination Information

Vaccination Date

Length of Vacc.

Vet's name

**Include a Copy of the
Rabies Certificate**
(original will be returned)