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 a	dditional info	ormation, plea	ase refer	to the Do	og Licensir	ng section of	f the T	own Clerk's w	ebsite	
First	Name			Middle	Initial		I	ast Name		
Phor	ne #			Email A	Address (op	otional)				
	Street #			Street Name						
	Apt #			City						
Address		State			ZIP					
Mailing Address (if different)		Street #			Street Na	Street Name			PO BOX	
		Apt #			City					
		State			ZIP					
					In	iclude a	Cop	y of the		
						(original w	vill be 1	returned)		
	Breed									
	Primary Color			Markings						
Dog Info		Secondary Color			Gender					
	Dogs Name			Birth Year						
Rabies Vaccination Information  Vaccination Date  Length of Vacc.  Vet's name			Rabie		Rabies	Cert	ificate			
	First Phore The property of th	First Name Phone #  Street #  Apt #  State  State  State  State  State  Street #  Apt #  State  Done in the image of the i	First Name  Phone #  Street #  Apt #  State  Street #  Apt #  State  Spayed or Neutered  Unspayed or Unneutered  Breed  Primary Color  Secondary Color  Dogs Name  Vaccination Date  Length of Vacc.	For additional information, please refer  First Name Phone #  Street #  Apt #  State  Spayed or Neutered \$15.00  Unspayed or Unneutered \$25.00  Breed Primary Color Secondary Color Dogs Name  Vaccination Date Length of Vacc.	First Name   Middle   Phone #   Street #   Apt #   State    Spayed or Neutered   \$15.00    Unspayed or Unneutered   \$25.00    Breed   Primary Color   Secondary Color    Dogs Name   Date   Length of Vacc.   Date   Length o	For additional information, please refer to the Dog Licensin  First Name   Middle Initial   Phone # Street No.   Street # Street No.   City   State   ZIP    Street No.   Apt #   City   State   ZIP    Street No.   Apt #   City   State   ZIP    Spayed or Neutered   \$15.00   Unspayed or Unneutered   \$25.00    Breed   Primary Color   Marking   Secondary Color   Gender   Dogs Name   Birth Year    On   Length of Vacc.   In   In   Length of Vacc.   In   In   In   In   In   In   In   In	Original Dog License Application  For additional information, please refer to the Dog Licensing section of Middle Initial  Phone # Email Address (optional)  Street # Street Name  Apt # City  State  ZIP  Spayed or Neutered \$15.00  Unspayed or Unneutered \$25.00  Breed  Primary Color  Dogs Name  Dogs Name  Phone # Include a Rabies (original worth of Vacc.  Include a Rabies (original worth of Vacc.)  Include a Rabies (original worth of Vacc.)	First Name   Middle Initial   I   Phone #   Street Name   Middle Initial   I   Phone #   Street Name   City   State   ZIP    Street #   Street Name   City   State   ZIP    Street #   City   State   ZIP    Street Name   City   State   ZIP    Spayed or Neutered   \$15.00   If Neutered or Include a Cop Neuter/Spay Coriginal will be a contact of the Tity of Secondary Color   Gender    Dogs Name   Birth Year   Include a Cop Rabies Cert (original will be a corrected to the property of the property of the property of the Tity of Secondary Color   Include a Cop Rabies Cert (original will be a corrected to the property of th	Town of Vestal Original Dog License Application  For additional information, please refer to the Dog Licensing section of the Town Clerk's westal, Now Print Name  Middle Initial  Email Address (optional)  Street #  Street Name  Apt #  City  State  Street Name  Apt #  City  State  Street Name  Apt #  City  If Neutered or Spayed Include a Copy of the Neuter/Spay Certificate (original will be returned)  Breed  Primary Color  Dogs Name  Birth Year  Include a Copy of the Rabies Certificate (original will be returned)  Include a Copy of the Rabies Certificate (original will be returned)	Town of Vestal Original Dog License Application  First Name  Middle Initial  Email Address (optional)  Street #  Street Name  Apt #  State  ZIP  Street #  Street Name  Apt #  State  ZIP  If Neutered or Spayed, Include a Copy of the Neuter/Spay Certificate (original will be returned)  Dogs Name  Brich Year  Include a Copy of the Neuter Secondary Color  Gender  Dogs Name  Include a Copy of the Neuter Secondary Color  Brich Year  Include a Copy of the Neuter Secondary Color  Dogs Name  Include a Copy of the Neuter Secondary Color  Dogs Name  Include a Copy of the Rabies Certificate (original will be returned)