

Town of Lake Pleasant Dog License Application

2679 State Route 8/ P.O. Box 799, Lake Pleasant, NY 12108

518-548-3625 Ext. 2



Date _____

New

Renewal

Replacement Tag

Last Name _____ **First Name** _____

Address _____

Phone # ____ - ____ - _____ **E-Mail** _____

Name of Dog _____ **Breed** _____

Primary Color _____ **Secondary Color** _____

Gender **Female** **Male** **Date of Birth** _____

Microchip # _____

Rabies Vaccine Date _____ **Duration** **1 year** **3 years**

Veterinarian's Name _____

Veterinarian's Address _____

Veterinarian's Phone # ____ - ____ - _____

Is your dog spayed or neutered? **Yes** **No**

If Yes, Date of Surgery and Veterinarian's name _____

\$5 a year for spay and Neutered and \$13 for unspayed and unneutered