TOWN CLERK
TOWN OF WESTPORT
22 CHAMPLAIN AVE.
WESTPORT NY 12993
518.962.4419
WWW.WESTPORTNY.NET

APPLICATION FOR TOWN OF WESTPORT DOG LICENSE

DATE APPLIED FOR _____

NAME: _____

STREET: _____

MAILING ADD: _____

TOWN: _____

STATE: _____

ZIP : _____

PHONE NUMBER: _____

DOG NAME : _____

DOG SEX : _____

BIRTH YEAR : _____

BREED : _____

COLOR: _____

2ND COLOR : _____

VETERINARIAN: _____

RABBIES VACCINE : ATTACH COPY OF CURRENT CERTIFICATE

SPAYED/NEUTERED : ☐ **$5.00 FEE**

UNSPAYED/UNNEUTERED ☐ **$12.00 FEE**

Licenses run from June 1st of current year to May 31st of the following year. Licenses are good for 1 year. Fee must be paid by June 30th.

Office Use Only

License Number: _____

Date_License_Issued: _____

Type of License: _____

Amount_Paid: _____

Date_Paid: / /

Payment type ☐ Cash ☐ Check