

**ULSTER TOWN CLERK'S OFFICE**

SUZANNE REAVY

1 Town Hall Drive

Lake Katrine, NY 12449

Office Phone

(845) 382-2455 \* FAX 336-0082



[www.townofulster.ny.gov](http://www.townofulster.ny.gov)

[sreavy@townofulster.ny.gov](mailto:sreavy@townofulster.ny.gov)

**DOG LICENSING FORM:**

**~Please Fill Out and Return to the Address Above~**

***Your Information:***

YOUR FULL NAME:

HOME ADDRESS:

MAILING ADDRESS:

HOME PHONE:

EMAIL ADDRESS (OPTIONAL):

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***Dog Information:***

BREED:

PRIMARY COLOR:

SECONDARY COLOR (if any):

DOG'S NAME:

GENDER:

SPAYED/NEUTERED? Yes No

DOG'S BIRTH YEAR:

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PROVIDE PROOF OF RABIES VACCINATION AND PROOF OF ALTER

\$6.00 spayed/neutered dog

\$16.00 not spayed or neutered

Make Checks Payable to: Town of Ulster Clerk