

(All dogs four (4) months of age or older residing in the City are REQUIRED to be licensed under NYS law.)



City of Saratoga Springs' Dog License Application

New Application _____ Renewal Application _____

Owner Identification:

Owner's Name: _____
Owner's Physical Address: _____
Owner's Mailing Address: _____
Owner's Email Address: _____
Emergency Contact/Cell Phone Number(s): _____

Dog Identification:

Dog's Name: _____
Dog Breed: _____ Dog's Date of Birth: _____
Dog's Physical Description: _____
Markings: _____ Microchip No.: _____

| | | | |
|---------------|---------------------|----------------|---|
| Male: _____ | Neutered: _____ | Fee is \$ 4.00 | <u>Make checks payable to:</u> City Saratoga Springs City Clerk |
| Male: _____ | Not Neutered: _____ | Fee is \$15.00 | |
| Female: _____ | Spayed: _____ | Fee is \$ 4.00 | |
| Female: _____ | Not Spayed: _____ | Fee is \$15.00 | |

Pure Bred: *Please contact the City Clerk to determine the fee associated with this license*
Certified Working Dog: No Fee ***Owner Aged 65 years or older: No Fee***

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief. I agree to comply with all license conditions and with all other requirements of the city, county, and state governments including compliance with all of the provisions New York State laws and Ordinances of the City of Saratoga Springs.

Owner's Signature: _____
Print Name: _____ Date: _____

Please attach the following required documentation with this application:

- _____ Proof of rabies vaccination from your veterinarian
- _____ Veterinarian certification of male neutered or female spayed

You may MAIL your completed application, check and required documents to:

City Clerk, Accounts Department, City of Saratoga Springs, 474 Broadway, Saratoga Springs, NY 12866

City Clerk Use Only:

License Number Issued: _____ Date Issued: _____
License Expiration Date: _____