

TOWN OF HIGHLANDS
Dog License Application

Owner Information

Owner: _____

Address: _____

Phone: _____

Email: _____

Pet Information

Name of Dog: _____

Breed: _____

Primary Color: _____ Secondary Color: _____

Markings: _____

Male/Female: _____

Neutered/Spayed: _____

Fee:

Neutered or Spayed \$10.00

Not Neutered or spayed \$20.00

Service animal No charge

Replacement Tag \$3.00

Please complete this form and remit it to the Town of Highlands Clerk's Office, either in person or by mail to the following address: Town Clerk, 254 Main St, Highland Falls, NY 10928.

Please include the following:

- The completed application form
- Appropriate Fee
- Spay/neuter certificate (if applicable)
- Proof of vaccination signed by a licensed veterinarian
- If applicable, proof of exemption status