



**TOWN OF  
BOLTON**  
WARREN COUNTY, NEW YORK

4949 Lake Shore Drive, PO Box 7  
Bolton Landing, NY 12814  
Phone: (518) 644-2444 Fax: (518) 644-2476  
email: townclerk@town.bolton.ny.us

## DOG LICENSING INFORMATION

All dog licenses in the Town of Bolton are renewable one year from registration.

To obtain a dog license by mail, complete the Dog License Application and enclose the following:

- A copy of the current rabies certificate,
- Proof of spay/neuter
- Your check (make payable to: Town of Bolton)

**RETURN TO:**

Town of Bolton  
PO Box 7  
4949 Lakeshore Dr.  
Bolton Landing, NY 12814  
ATTN: Town Clerk

We will mail back to you: dog license, tag, and documents.

<b>FEE SCHEDULE:</b>	<b><u>Spayed / Neutered</u></b> <b>\$ 5.00</b>	<b><u>Unspayed / Unneutered</u></b> <b>\$ 13.00</b>
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Monday through Friday between 8:00am and 4:00pm.

Dogs over four months of age must be licensed. If you are new to the area or have recently acquired a dog, you have thirty days to license your dog.

It is the responsibility of the owner to report any dog status changes (i.e., death, lost or stolen, or change of address).



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**DOG LICENSE APPLICATION/RENEWAL**

**NEW LICENSE: \_\_\_\_ RENEWAL: \_\_\_\_**

**OWNER INFORMATION**

<b>Name of Applicant:</b>	<b>Mailing Address of Applicant (include suite if applicable):</b>
<b>Name of Business or Firm:</b>	<b>City:                      State:                      Zip Code:</b>
<b>Signature of Applicant:</b>	<b>Date of Application:</b>
<b>Telephone Number:</b>	<b>Email:</b>

**DOG INFORMATION**

<b>Name:</b>	<b>Tattoo/Microchip Number:</b>
<b>Breed:</b>	<b>Color/Markings:</b>
<b>Size (Small/Med/Large)</b>	<b>Spayed _____                      Neutered _____</b> <b>Male _____                      Female _____</b>
<b>Birth Date (if known)</b>	<b>Approx. Age:</b> <b>Years _____                      Months _____</b>

**RABIES CERTIFICATE/PROOF MUST BE PROVIDED**

(For Office Use Only)

Date Received: \_\_\_\_\_ Cash: \_\_\_\_\_ Check # \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Date Vaccinated: \_\_\_\_\_ Vaccine Term: \_\_\_\_ (1) \_\_\_\_ (3) yrs.

Serial #: \_\_\_\_\_ Rabies Tag #: \_\_\_\_\_

License #: \_\_\_\_\_ Clerk Signature: \_\_\_\_\_