



1 Vine Street, PO Box 456, Keeseville, NY 12944

Office: (518)834-9042

www.chesterfieldny.com

Dog License Application

Name of Owner: _____

Address where dog resides: _____

Phone # (please specify cell or home): _____

Dog's name: _____

Specifics (please circle): Male Female Spayed/Neutered Intact

You must provide documentation with proof of being spayed/neutered.

Birth Year: _____

Breed: _____

Color: _____

You must provide a rabies vaccination certificate from the veterinarian.

Fee for spayed/neutered dogs - \$10.00

Fee for intact dogs - \$20.00

Please make checks payable to:
Town of Chesterfield Town Clerk