

Town of Reading
PO Box 5
Reading Center, NY 14876

Terri Alger
Reading Town Clerk
607-535-7459 X 3

Dog License Application

Owner's Information:

Owners Name: _____

Address: _____

City _____ State ____ Zip _____

Mailing Address (if Different):

Home/Cell Phone: _____ E-mail: _____

Dog's Information:

Name: _____ Breed: _____

Year of Birth _____ Color: _____

Sex: ____ Male Un Neutered (\$20) ____ Female Un-Spayed (\$20)

____ Male Neutered (\$10) ____ Female Spayed (\$10)

Veterinarian: _____

DOCUMENTS TO SEND IN WITH THIS APPLICATION:

1. Current Rabies Certificate (Signed by Vet)
2. Spay/Neuter Certificate (Signed by Vet)
3. Check or money order Payable To: Reading Town Clerk for amount of license fee

All dogs over 4 months of age must be licensed per NYS Law

Please call with any questions

A tag will be returned with license

Owners Signature: _____ Date: _____