Dog License Application
Mail or drop off at:
**Berkshire Town Clerk**
**18 Railroad Ave.**
**Berkshire, NY 13736**

**Clerk use only**
Rabies Vaccination information:
Date Vaccinated: ____ ____ ____
M D Y
☐ 1 year ☐ 3 year

**Clerk use only**
License #: _____
Date issued: _____
Date expires:

Last name First Middle Initial Area Code

House/Apt. Number Street Address Phone Number

City State Zip code County

Dog Breed: _____ Sex: _____ Spay/Neuter _____

Dogs: Name: _____ Dog's year of birth: _____

Special Markings: _____ Tattoo/Microchip: _____

Color: _____ Secondary color: _____

Signature of owner: _____