Town of Coeymans

2524 US Route 9W
Ravena, NY 12143
518-756-6006 ext. 3

Dog License Application

Name: _____

Mailing Address: _____

Physical Address (if different): _____

Telephone Number: _____ **Email:** _____

Dog Breed: _____ **Dog Name:** _____

Color(s): _____, _____, _____

Dog Info: Male [ ] Female [ ] Spayed/Neutered [ ] proof required

Age: _____ **Birth year:** _____

Veterinarian Name: _____

Proof of Rabies Vaccination is required.

[ ] I would like to make a donation to the Town of Coeymans Kennel in the amount of $____
The Town of Coeymans Kennel provides food, shelter, and health care, when needed, to dogs that are waiting for owner pick up or adoption.