

Town of Ballston

323 Charlton Rd
Ballston Spa, NY 12020
518-885-8502 Ext: 10

Dog License Application

Owner Name: _____

Owner Address: _____

Owner Phone Number: _____

Pet Name: _____

Sex: _____ Neutered/Spayed: _____ Birth Year: _____

Breed: _____

Color: _____

Birth Year: _____

Please provide us with the above information and mail it back to our office along with **PROOF OF RABIES VACCINATION** and a check made payable to the Town of Ballston in the amount of \$10 (neutered/spayed) or \$17 (unneutered/unspayed).