



City of Johnstown

Office of the City Clerk

PO Box 160, 33-41 East Main Street
Johnstown, New York 12095
Phone: (518) 736-4011 • Fax: (518) 736-4032
www.cityofjohnstown.ny.gov

Dog License Application

<input type="checkbox"/> New License	<input type="checkbox"/> Renewal	<input type="checkbox"/> Cancellation Reason: _____
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Name: _____

Street Address: _____	Phone: _____
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City, State, Zip: _____	Email: _____
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Name of Dog: _____	Year of Birth: _____
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Breed: _____	Color(s): _____
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<input type="checkbox"/> Male	<input type="checkbox"/> Female	Markings: _____	Tattoo or chip: _____
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Required: Enclose a copy of Rabies Certificate. A license will not be issued without proper rabies verification.

<p>Check appropriate box</p> <p><input type="checkbox"/> Neutered/Spayed. \$ 7.50</p> <p><input type="checkbox"/> Un-Neutered/Un-Spayed...\$ 15.50</p>	<p>Include:</p> <ol style="list-style-type: none"> 1. This completed, signed form 2. Rabies Certificate from veterinarian 3. Appropriate fee; listed at left <p style="padding-left: 20px;">-make check payable: City of Johnstown</p> <p>Mail or bring all required documents to:</p> <p style="text-align: center;">City Clerk PO Box 160 Johnstown, New York 12095</p> <p><small>Note: If mailing, please include a self-addressed, stamped envelope. Your license, receipt and rabies certificate will be mailed to you.</small></p> <p><small>Should you have any questions please call 518-736-4011 or email callen@cityofjohnstown.ny.gov</small></p>
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Owner's Signature: _____	Clerk's Signature: _____
Date: _____	Date: _____