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|  | CITY OF JOHNSTOWN  Office of the City Clerk  PO Box 160, 33-41 East Main Street  Johnstown, New York 12095  (518) 736-4011 | **- OFFICE USE ONLY -** |
| Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Receipt #\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fee Paid: \_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

DOG LICENSE APPLICATION

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| **INFORMATION REQUIRED TO PROCESS APPLICATION** |
| 1. This completed, signed form 2. Rabies Certificate from veterinarian\* (a license will not be issued without proper documentation) 3. Proof of Spaying / Neutering 4. Fee. Make check payable to the ***“City of Johnstown”*** 5. Mail or bring all documents to: City Clerk   33-41 E. Main Street, PO Box 160  Johnstown, New York 12095   1. Please note that if your dog license renewal is more than 90 days past due a $5.00 late fee will be imposed. |
| Please include a self-addressed, stamped envelope. Your license, tag (no tag for renewals), receipt and rabies certificate will be mailed to you. |

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| **TYPE OF LICENSE** | | |
| New | Renewal | Cancellation: Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **OWNER INFORMATION** |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Johnstown, New York  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **DOG INFORMATION** | | | | | |
| Name of Dog: | | | Dog’s Date of Birth: | | |
| Breed: | | | Color(s): | | |
| Markings: | Tattoo: | | | | Chip: |
| Male Unneutered  Female Unspayed | | - | | Fee: $ 16.00 | |
| Male Neutered  Female Spayed | | - | | Fee: $ 8.00 | |

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| **OWNER SIGNATURE** | |
|  | Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Updated: 5/2023