



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

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
6. 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.

TYPE OF LICENSE

New ☐ Renewal ☐ ☐ Cancellation: Reason: _____

OWNER INFORMATION

Name: _____ Phone #: _____

Home Address: _____ Johnstown, New York

Email: _____

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

OWNER SIGNATURE

Date: ____/____/____