



# 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: \_\_\_\_\_

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 spay/neuter form and rabies vaccination. A license will not be issued without proper verification.**

#### Check appropriate box

- Neutered/Spayed. . . . . \$ 7.50
- Un-Neutered/Un-Spayed...\$ 15.50

- Include:
1. This completed, signed form
  2. Rabies Certificate from veterinarian
  3. Appropriate fee; listed at left  
-make check payable: City of Johnstown

Mail or bring all required documents to:

City Clerk  
PO Box 160  
Johnstown, New York 12095

Note: If mailing or placing in drop box, please include a self-addressed, stamped envelope. Your license, receipt and rabies certificate will be mailed to you.

Should you have any questions please call 518-736-4011 or email [callen@cityofjohnstown.ny.gov](mailto:callen@cityofjohnstown.ny.gov)

Owner's Signature: _____ Date: _____	Clerk's Signature: _____ Date: _____
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