



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 #: _____, 2022 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

If mailing or placing in drop box, please include a self-addressed, stamped envelope. Your license, tag (no tag included 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: ____ / ____ / ____