

TOWN OF JOHNSBURG  
219 MAIN STREET  
NORTH CREEK, NY 12853  
518-251-2421 EXT 3

**DOG LICENSE APPLICATION**

NAME OF OWNER: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Dog's Breed: \_\_\_\_\_ Year of Birth: \_\_\_\_\_ Color of Dog: \_\_\_\_\_

Markings: \_\_\_\_\_ ID(Chip#) \_\_\_\_\_ Rabies Vaccination Date: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Vaccine Manufacturer: \_\_\_\_\_

Serial No: \_\_\_\_\_ Tag No: \_\_\_\_\_ Please Check One Year \_\_\_ Three Years

Type of License Fee (Please check One) MALE, Neutered \$5.00 \_\_\_ MALE, unneutered, 4 Mos & over \$15.00  
FEMALE, Spayed \$5.00 \_\_\_ FEMALE, unneutered, 4 Mos & over \$15.00 \_\_\_

Owner's Signature (18 years & over) \_\_\_\_\_

**PLEASE SEND A COPY OF RABIES CERTIFICATE ALONG WITH THIS FORM AND PAYMENT**

**OWNER'S INSTRUCTIONS:**

- 1) All dogs four (4) months of age or older are to be licensed, as well as any dog under four (4) months of age if running at large.
- 2) Print all information, sign and date the form.
- 3) ID and/or Markings - please indicate implanted electronic chips or tattoos, missing ears, or other significant markings.
- 4) Check the Type of License for which you are applying. Submit appropriate payment by check or money order made payable to: Town of Johnsburg
- 5) For validation of this license, submit in person or by mail the application, fee, veterinarian's certification of spaying or neutering, and proof of rabies vaccination to the Town of Johnsburg Town Clerk's office.
- 6) You should receive your next year's license renewal by mail from the Town Clerk's office thirty (30) days prior to the expiration date of this license. If a renewal is not received, contact Kate Lorah, Town Clerk at (518) 251-2421 ext 3.