

Village of St. Johnsville

First Time, New Dog License Application

Owner's Name: _____

Address: _____ St. Johnsville, NY 13452

Phone Number: _____

Alternate Number: _____

Which would you prefer? Check one.

Mailing correspondence

Email Correspondence Email: _____

Dog's Name: _____

Breed: _____

Secondary Breed (if applicable): _____

Color: Primary: _____ Secondary: _____

Birth Year: _____

Gender: _____

Is your dog a service dog? Yes No

If so, is your dog a service animal required because of a disability?

What work or task has your dog been trained to perform?

Check one: My dog is spayed/ neutered. I submit \$5.00

My dog is not spayed/ neutered. I submit \$15.00

Please enclose proof of rabies vaccinations, proof of spayed/ neutered or exemption letter if it applies, and certificate or registration of service animal if applicable.

Signature: _____

Date: _____