

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 (Please guess if unsure): _____

Secondary Breed (if applicable): _____

Color: Primary: _____ Secondary: _____

Birth Year: _____

Gender: _____

Is your dog a service dog? (Note: Emotional support dogs are **NOT** considered service dogs.)

Yes No

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 that your dog has been spayed or neutered,
or
exemption letter if it applies.

Signature: _____

Date: _____