

# City of Port Jervis, New York



Office of the Treasurer  
PO Box 1002  
20 Hammond Street  
Port Jervis NY 12771  
845-858-4000 TDD Access #711

## DOG LICENSE RENEWAL FORM

**\*\*PLEASE RETURN THIS ENTIRE FORM EITHER IN PERSON OR BY MAIL TO THE ADDRESS ABOVE ALONG WITH PROOF OF YOUR DOG'S RABIES IMMUNIZATION AND YOUR PAYMENT.\*\***

Owner's Name: \_\_\_\_\_ Dog Name: \_\_\_\_\_  
Property Address (if PO Box): \_\_\_\_\_ M/F: \_\_\_\_\_  
Owner's Telephone #: \_\_\_\_\_ Birth Year: \_\_\_\_\_  
License #: \_\_\_\_\_ Breed: \_\_\_\_\_  
License Expiration Date: \_\_\_\_\_ (Un)Spayed/(Un)Neutered: \_\_\_\_\_

Vaccination Information (**Proof of current rabies immunization is required**):

Vaccination Date: \_\_\_\_\_

Vaccination Expiration Date: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

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

If not renewing the license, please indicate the reason below:

- Dog is Deceased
- Dog is Lost or Stolen
- Change of Address of Owner
- Transfer of Ownership

Type of License:

Renewal                      1 year                      3 year

Fees:

Spayed/Neutered            \$10.00                      \$30.00

Unspayed/Unneutered    \$20.00                      \$60.00

Paid: \_\_\_\_\_ Cash/Check            Check#: \_\_\_\_\_

Date: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Clerk's Office Approval (Valid only as a license if approved by Clerk's office):  
\_\_\_\_\_

SEAL