

# City of Port Jervis, New York



Office of the Treasurer  
PO Box 1002  
20 Hammond Street  
Port Jervis NY 12771  
845-858-4000 ext 4014 TDD Access #711

## DOG LICENSE RENEWAL APPLICATION

### OWNER'S INFORMATION

Owner's Name: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Property Address (if PO Box): \_\_\_\_\_  
\_\_\_\_\_

Owner's Telephone #: \_\_\_\_\_

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

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

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

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

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

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

Type of License:

Fees:	1 year	3 year
Spayed/Neutered	\$11.00	\$33.00
Unspayed/Unneutered	\$23.00	\$69.00

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

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

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

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

### DOG'S INFORMATION

License #: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Dog Name: \_\_\_\_\_

M/F: \_\_\_\_\_

Birth Year: \_\_\_\_\_

Breed: \_\_\_\_\_

Primary Color: \_\_\_\_\_

Other ID: \_\_\_\_\_

(Un)Spayed/(Un)Neutered:  
\_\_\_\_\_

SEAL

*"This City is an Equal Opportunity Provider and Employer. To file a complaint of discrimination Write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272(Voice) or (202) 720-6382 (TDD)."*