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

NEW DOG LICENSE APPLICATION

OWNER'S INFORMATION

Owner's Name:

_____

_____

Mailing Address:

_____

_____

Property Address (if PO Box):

_____

_____

Owner's Telephone #: _____

DOG'S INFORMATION

License #: _____

License Expiration Date: _____

Dog Name: _____

M/F: _____

Birth Year: _____

Breed: _____

Primary Color: _____

Other ID: _____

(Un)Spayed/(Un)Neutered:

_____

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: _____

SEAL

Owner's Signature: _____

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

_____

"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)."