

## HOW TO APPLY FOR A NEW DOG LICENSE



New York State law requires that all dog owners license their dogs, and NYC Health Code requires that dog owners attach the license tag to their dog's collars while in public. Dog owners may be fined for violation of these laws.

### WHAT ARE THE BENEFITS OF DOG LICENSING?

Licensing helps reunite lost dogs with their owners.

With proof of current dog license and rabies vaccination, your dog can run off-leash in New York City park dog runs.

Licensing can help reunite a dog and its owner in case of separation during an emergency.

For information on applying for renewals, replacing lost tags, free vaccination programs, Lost and Found pets, Service Dog information, and other services go to:

<https://www1.nyc.gov/site/doh/services/dog-licenses.page>

SICDTC is now a NYC Licensing Partner. If you would like to apply for a NEW license for your dog through us please fill out the attached form, include your fee in cash, check, or Money Order made out to SICDTC, Inc. and place it all in a sealed envelope. Put that in the silver and black mailbox located in the club hallway, near the doorway to Ring A.

### Fees:

Spayed/Neutered (any age) \$8.50 per year, may pay up to 5 yrs.

One year=\$8.50 Two=\$17.00 Three=\$25.50 Four=\$34.00 Five=\$42.50

Non-Spayed or Neutered (Intact), Over 4 months of age, \$34 per year, may pay up to 5 yrs.

One year=\$34.00 Two=\$68.00 Three=\$102.00 Four=\$136.00 Five=\$170.00

Non-Spayed or Neutered, Under 4 months old: \$8.50

### Documentation Required:

To complete the form you will need to include your personal contact information, your dog's date of birth, your dog's microchip number (if available), primary breed information, color description of the dog, rabies vaccination date and tag number, Veterinarian name, address, phone number, spay/neuter surgery date and information on that surgeon. You will need to submit a copy of the dog's Rabies vaccination certificate and proof of Spay/Neuter surgery along with this application.

If you have any questions about completing the form, please contact Desma at

[desmadunne@hotmail.com](mailto:desmadunne@hotmail.com)



## NYC DOG LICENSE APPLICATION

Health Code 161.04 requires dogs have a license tag attached to the collar when out in public.

PLEASE PRINT VERY CLEARLY

DATE:

**FOR NEW LICENSES ONLY (NOT RENEWALS)**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Borough: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Breed \_\_\_\_\_

Primary/Secondary/Third color \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Microchip # \_\_\_\_\_

Has your dog received a Rabies Vaccination? No \_\_\_\_\_ Yes \_\_\_\_\_ 1 yr \_\_\_\_\_ 3 yr \_\_\_\_\_

If yes: Date of Vaccination \_\_\_\_\_ (month/day/year)

Veterinarian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Please include a copy of a current Rabies Vaccination Certificate**

Which Class at SICDTC are you currently taking? Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Is your dog Spayed or Neutered? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Date of Surgery: \_\_\_\_\_ (month/day/year)

Veterinarian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ **Please include documentation/proof of Surgery**

In submitting this application, I also state that the information I have provided is accurate. I recognize that making false statements in this application violates NYC Health Code section 3.19 and other applicable law and may subject me to civil and criminal fines and penalties, and invalidation of any license issued.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Circle the license type and the number of years you would like to purchase**

<u>FEES</u>	<u>1Yr</u>	<u>2Yrs</u>	<u>3Yrs</u>	<u>4Yrs</u>	<u>5Yrs</u>
Spayed/Neutered Any Age	\$8.50	\$17	\$25.50	\$34	\$42.50
Non-Spayed or Neutered, Over 4 Months of Age	\$34	\$68	\$102	\$136	\$170
Non-Spayed or Neutered, Under 4 Months of Age	\$8.50				

Make checks payable to SICDTC, Inc. TOTAL AMOUNT PAID \$ \_\_\_\_\_

To pay by Venmo or PayPal contact Desma

Documents to Include with your application: Rabies \_\_\_\_\_ Spay/Neuter \_\_\_\_\_

FOR OFFICE USE ONLY:

Received: \_\_\_\_\_

Lic/Tag# \_\_\_\_\_

\_\_\_\_\_