

How to Apply for a Dog License

New York City Health Code Article §161.04 requires that dogs have a license tag attached to the collar when in public.

Save time and postage by applying for a dog license online at nyc.gov/doglicense

How to Apply by Mail

- Fill out as much information in English as you can.
 Forms submitted in other languages might take longer to process.
- Select the type of license you are ordering.
- Sign and date the form.
- Calculate the fees using the fee table below. You may license your dog for more than one year, unless it is under 4 months old and not spayed or neutered. License fees are non refundable.
- Attach a check or money order (not cash) for the total amount due.
 Make payable to NYC DOHMH.
- Mail the completed form and payment to:

NYC DOHMH Citywide Dog License P.O. Box 786602 Philadelphia, PA 19178-6602

We are not responsible for lost or damaged mail.

License and Other Fees										
Spayed or Neutered, Any Age	\$8.50	Per year, up to 5 years								
Non-Spayed or Neutered, Over 4 Months Old	\$34.00	Per year, up to 5 years								
Non-Spayed or Neutered, Under 4 Months Old	\$8.50	First year only								
Late Fee (Expired Licenses)	\$2.00	For each year license was not renewed								
Replacement Tag	\$1.00									

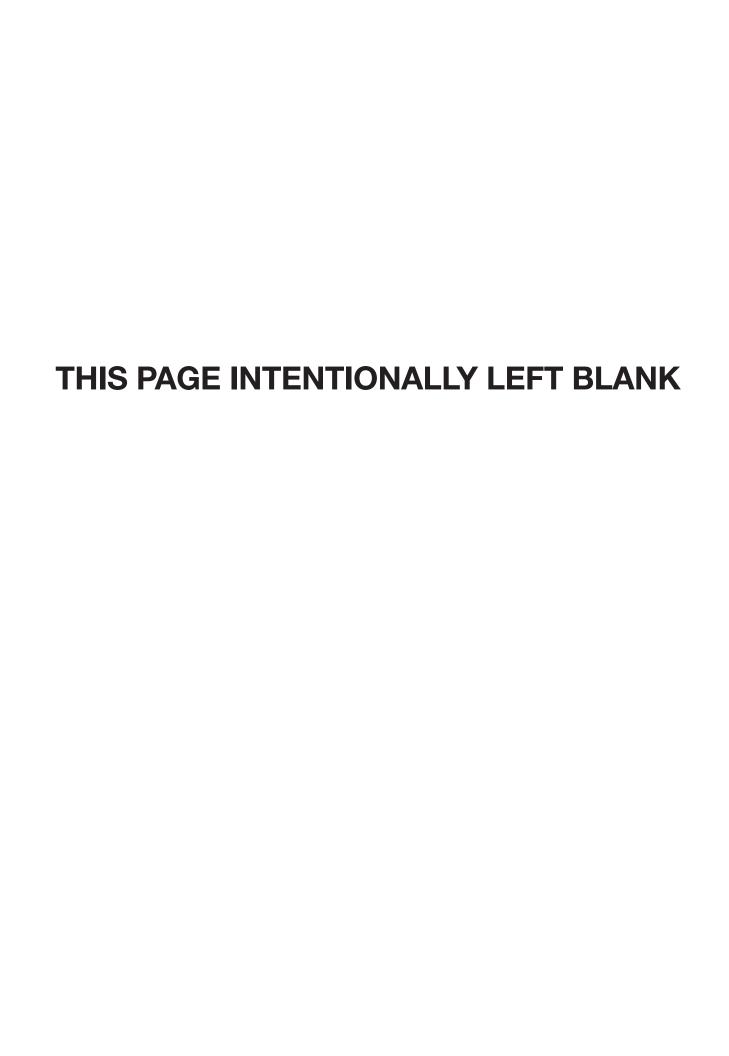
You can also make a donation to help the Animal Care Centers (ACC) of NYC provide services to animals in need.

- \$10 can provide formula for orphaned kittens or puppies.
- \$45 can spay or neuter one dog.
- \$150 can provide obedience training.
- \$500 can purchase a new cat habitat.
- \$1000 can provide orthopedic surgery to an injured dog or cat.

Are you registered to vote?

If not, call 311 to obtain a voter registration form or visit www.nyccfb.info/registertovote

Call 311 or visit nyc.gov/doglicense for more information or to apply online.





Dog License Application

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

Health						,						3-					.5											_
Type of A	pp	lic	ati	on																								
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Dog Own	er'	's l	nfo	orn	nat	ior	1																					
First Name																												
																								_				
Last Name																								_				
Address 1																												
Address 2																												
Borough																Zi	p Co	de						-				
Phone #																												
E-mail																												
Dog's Info	orr	na	tio	n	I		I	1	I	1	T			I			I	I	l									
Dog's Name																						Month and Year of Birth						
Primary Breed																						Month (MM) Year (YYYY)						
Primary Color																												
Secondary Color																												
Third Color																												
Gender		Mal	le		Fen	nale						IV	licro	chip	#													
Tag #																												
iug #																												
Did your	do	g r	ec	eiv	e r	ab	ies	va	acc	ine	e?																	
☐ Yes ☐		lo											ly fil	l ou	t if y	our	dog	's ra	ubies	s vad	ccin	e inf	form	atio	n ha	ıs ch	nang	ed.
Date of Vaccine	Month	(MM)				Date	(DD)				Year (YYYY)								D	urati	on	٥	1 ye	ar	۵:	3 yea	ars
Veterinarian's Name																												
Address																												
City																									Sta	ate		
Zip Code											Dho	ne #																
Zip Gode		I	1	1	1	_	1	1	1	1	L 110	110 #	I	1	I	1	1	1	1	1	I	1	1	1	1 1	1	l	1

Is	Is your dog spayed or neutered?																									
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Date	Date of Surgery Month (MM) Date (DD)								Year (YYYY)																	
Veteri	narian's Name																									
	Address																									
	City																							State		
	Zip Code					-					Phor	ne #														
	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																										
	Choose the license type, the number of years you would like to purchase, and the late fee and/or replacement tag, if applicable.																									
Fe	ees								1	ye	ar		2 y	ea	rs	3	уе	ars	•	4	ye	ars	5	5 ye	ears	S
	Spayed	or Ne	uter	, A n	ıy A	\ge	[□ \$	8.	50		_] \$	17.	00		\$ 2	5.50)		\$ 3	4.00)	□\$4	12.5	0	
A	Non-Sp Over 4 I	-	ed,		[\$ 34.00) [\$ 68.00			\$ 102.00			0	\$ 136.00			00	\$ 170 .		00			
	Non-Sp	ayed	ed or Neutered,						□ \$ 8.50																	

	, CS	l i Acai	2 years	J years	+ years	J years					
	Spayed or Neutered, Any Age	\$ 8.50	\$ 17.00	\$ 25.50	\$ 34.00	\$ 42.50					
A	Non-Spayed or Neutered, Over 4 Months	\$ 34.00	\$ 68.00	\$ 102.00	\$ 136.00	\$ 170.00					
	Non-Spayed or Neutered, Under 4 Months Old	\$ 8.50									
В	Late Fee for Expired License	\$ 2.00 x Each Year Not Renewed = \$									
C	Replacement Tag	□ \$ 1.00	icable	Total Due							
D	ACC Donation	\$Not App	licable	\$							
		For Offici	al Use Only								
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	License Number:		License F								