DOG LICENSE APPLICATION FORM

Fees: $12.00 if dog is spayed or neutered

 $15.00 if dog is not spayed or neutered

Hours: 9:30 am to 4:00 pm

Proof of valid rabies immunization must be submitted with payment. Rabies immunization must cover the full

duration of the licensing Year.

When mailing your application please enclosed a

**self-addressed stamped envelope** with your payment

and valid immunization records. Check or Money Order Only.

----------------Detach and return with payment----------------

Owners Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dogs Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: M\_\_\_\_\_\_ F \_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_ Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hair: L\_\_\_\_M\_\_\_\_S\_\_\_\_ Neuter/Spay: Yes\_\_\_\_No\_\_\_\_\_

Return to: Health Department, 320 Boulevard

 Hasbrouck Heights, NJ 07604

Make checks payable to the Borough of Hasbrouck Heights