2024 Dog License Application Stillwater Township 964 Stillwater Road, Newton, NJ 07860

No applications are accepted before January 1, 2024

Rabies Vaccination Must be Valid after

November 1, 2024 to issue License

**Fees: Spayed/Neutered $ 11.00, Non-Spayed/Neutered $ 14.00 Late Fee Charged: $ 5.00 PER MONTH PER DOG after January 31, 2024**

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| DOGS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BREED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HAIR: Long Medium Short AGE: \_\_\_\_\_\_\_\_\_ GENDER: Male FemaleRabies Expiration (must be Valid after 11/1/2024 Attach Proof of Vaccine Expiration): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Spayed/Neutered: YES NO Please provide Spay/Neuter Certificate for first time licensing |
| DOGS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BREED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HAIR: Long Medium Short AGE: \_\_\_\_\_\_\_\_\_ GENDER: Male FemaleRabies Expiration (must be Valid after 11/1/2024 Attach Proof of Vaccine Expiration): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Spayed/Neutered: YES NO Please provide Spay/Neuter Certificate for first time licensing |
| DOGS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BREED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HAIR: Long Medium Short AGE: \_\_\_\_\_\_\_\_\_ GENDER: Male FemaleRabies Expiration (must be Valid after 11/1/2024 Attach Proof of Vaccine Expiration): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Spayed/Neutered: YES NO Please provide Spay/Neuter Certificate for first time licensing |
| DOGS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BREED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HAIR: Long Medium Short AGE: \_\_\_\_\_\_\_\_\_ GENDER: Male FemaleRabies Expiration (must be Valid after 11/1/2024 Attach Proof of Vaccine Expiration): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Spayed/Neutered: YES NO Please provide Spay/Neuter Certificate for first time licensing |
| DOGS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BREED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COLOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HAIR: Long Medium Short AGE: \_\_\_\_\_\_\_\_\_ GENDER: Male FemaleRabies Expiration (must be Valid after 11/1/2024 Attach Proof of Vaccine Expiration): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Spayed/Neutered: YES NO Please provide Spay/Neuter Certificate for first time licensing |

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

VET: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_