

TOWNSHIP OF LOPATCONG TOWNSHIP
232 South Third Street, Phillipsburg NJ 08865



2009 APPLICATION FOR DOG LICENSE

OWNER'S INFORMATION:

Name: _____

Address: _____

Telephone # _____

DOG INFORMATION:

NAME _____

2008 License Tag Number: _____

Sex: _____

Neutered: Yes: _____ No: _____

(Please include copy of spay/neutering certificate)

Breed: _____

Age (Month, Day, Year): _____

Color & Any Identifiable Markings: _____

Hair Length: Short: _____ Medium: _____ Long: _____

Rabies Inoculation Expiration Date: _____

(Please include copy of rabies certificate)

Veterinarian's Name, Address, & Tel. No.: _____

FEES:

Neutered: \$8.20 / dog Non-Neutered: \$11.20 / dog

PLEASE NOTE: There is a \$2.00/month late fee after January 31st.

PLEASE INCLUDE:

1. Self-addressed stamped envelope or pick-up license in person
2. Make check payable to "Lopatcong Township" for correct amount.
3. **Proof of rabies vaccination and spayed/neutering if applicable.**

**SUCH CERTIFICATE SHALL SHOW AND CERTIFY THAT SAID VACCINATION
WILL BE VALID THROUGH OCTOBER 31ST OF THE LICENSING YEAR.**

DATE PAID: _____

CHECK # OR CASH: _____

AMOUNT: \$ _____

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