

TOWNSHIP OF LOPATCONG
232 South Third Street, Phillipsburg NJ 08865



APPLICATION FOR DOG LICENSE

OWNER'S INFORMATION:

Name: _____

Address: _____

Email Address: _____

Telephone # _____

DOG INFORMATION:

NAME: _____

Sex: Male _____ Female _____

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/per 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.**

**COPY OF CURRENT PROOF OF RABIES SHOWING EXPIRATION DATE,
EXPIRING NO SOONER THAN NOVEMBER 1ST OF THE LICENSING YEAR**

DATE PAID: _____
CHECK # OR CASH: _____
AMOUNT: \$ _____