



TOWNSHIP OF LOPATCONG  
 232 South Third Street, Phillipsburg, NJ 08865  
 (O) 908-859-3355 (F) 908-213-1037



## APPLICATION FOR DOG LICENSE

### OWNER'S INFORMATION:

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

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

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

Phone number: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

### DOG INFORMATION:

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

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Spayed/Neutered: Yes \_\_\_\_\_ No \_\_\_\_\_ (MUST INCLUDE COPY OF SPAY/NEUTER CERTIFICATE)

Breed: \_\_\_\_\_

Birth Date/Age (Month/Day/Year): \_\_\_\_\_

Color & Any Identifiable Markings: \_\_\_\_\_

Hair Length: Short \_\_\_\_\_ Medium: \_\_\_\_\_ Long: \_\_\_\_\_

Rabies Information Expiration Date: \_\_\_\_\_ (MUST INCLUDE COPY OF RABIES CERTIFICATE)

Veterinarian's Name, Address and Telephone Number: \_\_\_\_\_

### **FEES**

Neutered/Spayed: \$10.00/dog

Non-Neutered/Non-Spayed: \$13.00/dog

**PLEASE NOTE: There is a \$5.00 per month late fee AFTER January 31<sup>st</sup>.**

Please include the following:

1. Self-addressed stamped envelope
2. Check made payable to "Lopatcong Township" for the correct amount
3. Proof of rabies vaccination showing expiration date
  - EXPIRATION CANNOT BE PRIOR TO NOVEMBER 1<sup>ST</sup> OF THE LICENSING YEAR
4. Proof of spay/neuter (If applicable)
5. Please call Patty Segeda with any questions at 908-859-3355 Ext. 221