



**2017 NJ DOG LICENSE
TOWNSHIP OF WASHINGTON**

ANIMAL NAME: _____ SEX (M / F) (circle one)

BREED: _____ AGE: _____ DATE OF BIRTH: ____/____/____

COLOR(S) & MARKINGS: _____ HAIR (long / medium / short) (circle one)

SPAYED / NEUTERED (yes / no) (circle one) IF YES, DATE: ____/____/____

DATE RABIES VACCINATION EXPIRES: ____/____/____

Rabies vaccination must be good through November 1, 2017

OWNER'S NAME: _____

PHONE NUMBER: _____

STREET ADDRESS: _____

CITY: _____ NJ ZIP CODE: _____

AMOUNT SUBMITTED: _____ CHECK #: _____ DATE: ____/____/____

Fees: \$7.20 spayed/neutered \$10.20 non-spayed/neutered. There is a \$5.00 late fee per month beginning in February. You must include a copy of your dog's rabies vaccination certificate, veterinary spay/neuter certification (if not previously shown) and a self-addressed stamped envelope with this application. Rabies and spay/neuter certificates will be mailed back with your license. Mail this application with your check (made payable to Township of Washington), certificates and self-addressed stamped envelope to:

Township of Washington
Dog License Renewal
211 Route 31 North
Washington, NJ 07882

NOTICE: WE WOULD APPRECIATE EXACT CHANGE OR CHECKS FOR PAYMENT OF DOG LICENSES

For Official Use Only:

License Number: _____

Date Issued: ____/____/____