

**STILLWATER TOWNSHIP
2016 DOG LICENSE APPLICATION**

*****No Applications will be accepted before January 1, 2016*****

MAIL TO: Stillwater Township
Dog Licensing
964 Stillwater Road
Newton, NJ 07860

OWNER:

Name: _____

Address: _____

Phone Number: _____

Secondary Phone Number: _____

E-mail Address: _____

DOG:

Name: _____ Breed: _____

Age: _____ Color/Marking: _____

Hair: Long _____ Medium _____ Short _____

Gender: Female _____ Male _____

Rabies expiration date ____/____/____ (Must be valid to 11/1/2016)

Spayed/Neutered: Yes _____ No _____ Date _____

Veterinarian: _____

FEES: Spayed/Neutered \$11.00

Non-spayed/Neutered \$14.00

AFTER January 31, 2016 **ADD** \$ 5.00 per month late fee

ENCLOSED: Check # _____ Amount _____ Cash _____

_____ Proof of Rabies (**enclose a copy of certificate, do not send original**)

Must be valid to November 1, 2016

(Licenses will not be issued if rabies vaccination expires prior to 11/1/16)

_____ Spayed/Neutered Certificate (if applicable)

_____ Enclosed self-addressed stamped envelope

(Licenses will not be mailed without a stamped envelope)

FOR OFFICE USE ONLY:

Tag# _____ Date Issued _____

***Replacement for lost tag Y / N

For additional forms please go to www.stillwatertownshipnj.com