TOWNSHIP OF DENVILLE
DEPARTMENT OF HEALTH

1 St. Mary's Place, Denville, NJ 07834
973-625-8300 ext 261
www.denvillenj.org

DOG LICENSE APPLICATION

APPLICATION INSTRUCTIONS

Please complete application in full. Incomplete applications will not be processed and will be returned.

License fee must accompany this application. If you are applying by mail, payment must be made by check or money order payable to "Township of Denville". Cash payments are only accepted in person. If applying by mail, a self-addressed stamped envelope must accompany this application along with your check or money order. Please mail your application to the Health Department address at the top of this form. License fees are as follows:

Dogs Neutered or Spayed	**$15.00**
Dogs Not Neutered or Spayed	**$18.00**
Late Fee (If Applicable) **	**$25.00**

**** Late fees are applied if license is not obtained by January 31st of the licensing year.**

Date of Application: _____ Application is for (check one): ☐ New License ☐ Renewal of License

Owner Information

Last Name: _____ First Name: _____

Home Address: _____ Home Number: _____

Work Number: _____ Cell Number: _____ Email Address: _____

Dog Information

Dog's Name: _____ Dog's Date of Birth: _____ Age: _____

Breed: _____ Color/Markings: _____

Hair Length (Check One): ☐ Short Haired ☐ Long Haired

Is dog spayed or neutered (Check One)*: ☐ Yes ☐ No

*** Proof of Spay/Neuter Required if Not on File with Health Dept.**

Sex: ☐ Male ☐ Female

*** Rabies Expiration Must Not Expire Before November of Licensing Year. Proof of Rabies Immunization Must Be Provided if Not on File with Health Dept.**

Rabies Expiration Date*: _____

Microchip Number (If Applicable): _____ Was Dog Debarked (Check One)? ☐ Yes ☐ No

Owner's Signature: _____

I certify that the information provided herein is true to the best of my knowledge.

FOR OFFICIAL USE ONLY

Date License Issued: _____ Check/MO Number: _____ Tag Number: _____

License Number: _____ Issued by: _____