

**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 1 Year Altered	\$18.00	Dogs 3 Year Altered	\$45
Dogs 1 Year Not Altered	\$21.00	Dogs 3 Year Not Altered	\$54

Late Fee \$10 after January 31st + \$5 per month thereafter (maximum \$35)

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

Your dog's rabies vaccine must be valid through 10 months of the last year of the licensing period.

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: _____