

DOG LICENSE APPLICATION

OWNER'S INFORMATION



LAST NAME:	, FIRST NAME:
ADDRESS:	
PHONE:	CELL PHONE:
E-MAIL:	
	PET INFORMATION
NAME:	BREED:
MALE: FEMALE: (<i>Proof o</i>	SPAYED OR NEUTERED YES NO of spay or neuter must be provided)
DATE OF BIRTH:	AGE:
HAIR:LONGMED	SHORTSMALLMEDIUMLARGE
COLOR/MARKINGS:	
r	MICROCHIP INFORMATION
CHIP COMPANY:	
CHIP NUMBER:	CHIP COMPANY PHONE NO.:
RABIE	S VACCINATION INFORMATION:
In order for a license to be issued, the owner veterinarian administered a rabies vaccine to require that the duration of immunity from months (November 1st) of the 12 month lice	er must show to their municipal licensing authority proof that a licensed to the dog (rabies vaccination certificate). New Jersey regulations in the most recent vaccination to extend through at least the first 10 ensing period. Animals that have duration of immunity, which expires a booster rabies vaccination prior to licensure. (N.J.A.C. 8:23A-4.1)
FEES ARE PAYABLE BY CHECK OR CASH:	SPAYED/NEUTERED \$10.00 NON SPAYED/NON NEUTERED \$13.00

REMIT TO: BOROUGH CLERK'S OFFICE

BOROUGH OF HIGHLAND PARK

221 SOUTH 5TH AVENUE HIGHLAND PARK NJ 08904

