

MILLSTONE TOWNSHIP

Attn: Clerk
470 Stagecoach Road
Millstone Twp., NJ 08510
732-446-3402

DOG LICENSE APPLICATION

Owner Information

Last Name _____ First Name _____

Phone # _____

Street Address _____ Zip Code _____

Mailing Address (if different) _____

Email Address _____

Dog Information

New Dog _____ (If yes, must submit proof of rabies and spayed/neutered)

Name _____ Breed _____

Sex _____ Age _____ Hair Length _____ Color _____

Spayed/Neutered? (Y/N) _____ Date _____ By _____

Rabies Shot Date _____ Expiration Date _____ By _____

License Fees:

Spayed/Neutered: \$12.00

Non-Spayed-Non-Neutered: \$15.00

Late Fee, after 4/30 \$10.00 PER DOG

Total Included: \$ _____

ALL DOGS MUST BE LICENSED EVERY YEAR.

THIS LICENSE EXPIRES JANUARY 31ST OF NEXT YEAR.

Rabies Vaccine must be current through the first 10 months of the licensing year.

Office Only

Date Issued: ____/____/____	License # _____
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