

# Dog License Application

## Owner's Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

Telephone No.: \_\_\_\_\_

City: \_\_\_\_\_ New Jersey, Zip Code: \_\_\_\_\_

## Pet Information:

Name: \_\_\_\_\_

Male: \_\_\_\_ Female: \_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ (yrs)

Hair: Short: \_\_\_\_ Medium: \_\_\_\_ Long: \_\_\_\_\_

Color: \_\_\_\_\_

### ***Rabies Vaccination Information:***

Old Bridge Rabies Clinic? Yes: \_\_\_\_ No: \_\_\_\_

If Yes, What Year: \_\_\_\_\_

If vaccination was not performed by Township Rabies Clinic - complete the following information and provide a copy of rabies vaccination certificate from your veterinarian.

**(Proof is required).**

Veterinarian's Name: \_\_\_\_\_

Date of Vaccination: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Neutering: ***Proof must be submitted***