

BOROUGH OF SUSSEX DOG LICENSE APPLICATION

YOUR NAME: _____

YOUR ADDRESS: _____

TELEPHONE #: _____

PET INFORMATION

Pet Name: _____ Pet Breed: _____

Pet Date of Birth: _____ Pet Sex: M F

Color: _____ Pets Hair: Long Medium
Short

Is the Pet spayed or neutered? Yes No Date: _____

Vet Name: _____

Rabies Vaccination expires: _____

(If the vaccination expires on or before November 1, you must get a new vaccination)

FEES:

\$9.00 (If spayed/neutered) \$12.00 (If not spayed/neutered)

\$5.00 late fee beginning February 1st

Notice: A new license **WILL NOT** be issued if the Current Rabies vaccination expires **BEFORE November 1 of the licensing year** according to New Jersey State Licensing Requirements.

Please include a self-addressed stamped envelope if registering by mail.