

SHREWSBURY TOWNSHIP

APPLICATION FOR DOG LICENSE

Name _____ Address _____

(Owner must be 21 yrs. of age)

Date _____ Telephone _____

Sex _____ Breed _____ Age _____ Hair: Long _____ Short _____ Medium _____

Color and Markings _____ Name _____

Rabies Expiration _____

Dog License expire December 31st of each year.

Animal: DOG - FEE: \$15.00 If spayed/neutered _____ -\$18.00 If not spayed/neutered _____

CAT - FEE: \$10.00 If spayed/neutered _____ -\$15.00 if not spayed/neutered _____

PLUS \$7.00 LATE FEE PER MONTH COMMENCING MARCH 1st

Please mail this application to: Katrina Thornton, Acting Clerk – Township of Shrewsbury 1979 Crawford Street,
Shrewsbury Township, NJ, 07724

Please enclose stamped, self-addressed envelope, copy of Rabies Certificate and spay/neuter certificate (if applicable). Rabies must be good for at least 10 months of the licensing period.

MAKE CHECKS PAYABLE TO 'TOWNSHIP OF SHREWSBURY'

IF PAYING IN CASH, PLEASE HAVE EXACT CHANGE

TAG # _____

PAYMENT AMOUNT _____/CASH/CHECK# _____