N.J. DOG LICENSE

BOROUGH OF SOUTH RIVER MIDDLESEX COUNTY

NAME: _____ DATE: _____

ADDRESS: _____ TELEPHONE: _____

DOG

SEX: _____ BREED: _____ AGE: YRS._____ MNTHS. _____

HAIR S M L: _____ COLOR / MARKINGS: _____

NAME: _____ RABIES VACCINATIONS EXPIRES: _____

VACCINATED BY: _____

SPAYED / NEUTERED: DATE SPAYED / NEUTERED: _____

SPAYED/NEUTERED BY: _____

LICENSE FEE:	**$7.80**	**REPLACEMENT:**
NJ REGISTRATION FEE:	**$1.00**	
NJ PILOT CLINIC FUND:	**$0.20**	
POPULATION CNTRL AMT:	**$3.00**	
LATE FEE:	**$4.00**	
REPLACEMENT FEE:	**$1.00**	

TOTAL COST: _____ _____

Licensing Official

THIS LICENSE EXPIRES JANUARY 31, OF EACH YEAR AND IS SUBJECT TO RENEWAL DURING JANUARY.