



# BOARD OF HEALTH

## PET LICENSE APPLICATION FORM H-1

48 WASHINGTON STREET, SOUTH RIVER, NEW JERSEY 08882

SOUTHRIVERNJ.ORG

ATTN: BOARD OF HEALTH

(732) 257-1999

According to Applicable law and South River Borough Code § 108-1 et seq. and § 108-54, Dogs and Cats residing within the Borough must be licensed with the Borough. Please complete this form for application for a license. This form is also available to be submitted online at <http://southrivernj.org/fileit/>

First Time Applicant    Renewal    Replacement   Prior License # \_\_\_\_\_

### OWNER INFORMATION

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_ South River

\_\_\_\_\_ New Jersey

\_\_\_\_\_ 08882

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### DOG AND CAT INFORMATION

Dog's Name: \_\_\_\_\_ Color: \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

Hair Length: \_\_\_\_\_ Age: \_\_\_\_\_ Service Dog?  Yes  No

### ADDITIONAL REQUIREMENTS

All applicants must include attached documents of a valid Rabies Certificate and, if applicable, a Spayed/Neutered Certificate before a license can be issued. The Rabies Certificate be valid through October 31st of the licensing year. Service Dogs must include valid Service Dog Registration.

### NEUTERING INFORMATION

Spayed/Neutered?  Yes  No   Date: \_\_\_/\_\_\_/\_\_\_   By: \_\_\_\_\_

### RABIES INFORMATION

Is Rabies Vaccination Exempt?  Yes  No   Expiration Date: \_\_\_/\_\_\_/\_\_\_

By: \_\_\_\_\_

### AUTHORIZATION

I have read and agree to abide by the valid rules, policies, terms, rules, and regulations of the Borough of South River. I agree to be held responsible for any matters pertaining to any permit holders under this application.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

### PAYMENT

- \$14 - License for unspayed/unneutered
- \$11 - License for spayed/neutered animal
- \$5/\$10/\$15 - February/March/After Late Fee
- \$3.00 - Replacement

- CASH
  - CHECK
- Payable:  
Borough of South River

NAME ON CHECK: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

### OFFICIAL USE ONLY

\_\_\_/\_\_\_/\_\_\_ MAILED OUT  
 \_\_\_/\_\_\_/\_\_\_ RECEIVED  
 \_\_\_/\_\_\_/\_\_\_ PROCESSED  
 \_\_\_/\_\_\_/\_\_\_ ISSUED

BY: \_\_\_\_\_