



TOWNSHIP OF BERKELEY HEIGHTS

29 Park Avenue
Berkeley Heights, NJ 07922

Phone: (908) 464-2700
Fax: (908) 464-6081

2019 DOG LICENSE APPLICATION

<input type="checkbox"/>	New
<input type="checkbox"/>	Renewal

OWNER INFORMATION

NAME: _____

ADDRESS: _____ PHONE: Home / Cell: () _____

DOG INFORMATION

NAME: _____ AGE / DATE OF BIRTH: _____

BREED: _____ COLOR: _____ HAIR: Long / Medium / Short

SEX: Male / Female SPAYED OR NEUTERED: No / Yes IF YES, DATE: _____

NAME OF VETERINARIAN: _____

RABIES INOCULATION*: Date Expires: _____ Date Given: _____

*** Rabies Vaccination Certificate must be submitted with license application and must be valid through October 31, 2019.**

As noted on the State of New Jersey website (See Department of Health, Dog Licensing.) "An Exemption to the rabies inoculation requirement shall be granted if the owner presents written certification from a licensed veterinarian that the dog cannot be vaccinated due to a medical condition or course of therapy."

OWNER'S SIGNATURE: _____

License Fee Per Calendar Year

\$15.00 – Spayed or Neutered Dog

\$18.00 – Unaltered Dog

* \$5.00 Late Fee applies for licenses renewed after February 28th. Late fee does not apply to dogs new to Berkeley Heights.

Return your completed application, along with rabies vaccination certificate and check made payable the "Township of Berkeley Heights" to:

The Township Clerk's Office, 29 Park Avenue, Berkeley Heights, NJ 07922

For Office Use Only:

<input type="checkbox"/> Payment Received <ul style="list-style-type: none"> <input type="radio"/> Amount \$ _____ <input type="radio"/> Check / Receipt # _____ <input type="checkbox"/> Permit : Handed / Left for Pickup / Mailed on _____	
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