

## APPLICATION FOR DOG LICENSE

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Dog's Name \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_

Color: \_\_\_\_\_ Hair Length: S\_\_M\_\_L\_\_ Male  Female

Please attach proof of rabies vaccination and proof of Spay/neutering, if applicable, together with a check made out to Springfield Township and mail to the Township Clerk, P. O. Box 119, Jobstown, NJ 08041, along with a stamped self-addressed envelope.

FEES: \$10.00 If Dog is Spayed/Neutered \$12.00 All Others  
In addition, there is a \$5.00 Late Fee **per month** for each license renewed after January  
31<sup>st</sup> of the licensing year

**\*\*\*RABIES VACCINATION MUST BE VALID THROUGH OCTOBER 31ST OF THE  
LICENSING YEAR \*\*\***