

DOG LICENSE APPLICATION

****Proof of RABIES VACCINATION from Vet is REQUIRED****

Owners Name: _____

Owners Address: _____

Owners Phone Number: _____

Email: _____

Pet Name: _____

Sex: MALE or FEMALE

Spayed / Neutered: YES or NO ; if yes, when ? _____

Date of Birth (approximate is okay): _____

Breed: _____

Color: _____

Hair Length: LONG MEDIUM SHORT

Size: SMALL MEDIUM LARGE

Current Vet: _____

\$12 – Spayed or Neutered

\$15 – NOT Spayed or Neutered

CASH or CHECK - Check # _____ (Payable to "Township of Lacey")

Drop Off to Office Located at: 124 South Main Street, Forked River, NJ 08731

Mail Application & Payment To: 818 Lacey Road, Forked River, NJ 08731

ATTN: Board of Health

Mail License to: _____