HOPE TOWNSHIP NEW DOG LICENSE APPLICATION

NAME OF DOG _____

NAME OF DOG OWNER_____

STREET LOCATION _____

_____

MAILING ADDRESS (if different) _____

TELEPHONE # _____

DOG INFORMATION

Gender - _____ male _____female

Breed _____

Color & markings _____

_____

Hair length - ____short, ___med, ___long

Birthday _____

Rabies Expires _____
(please provide proof)

Spayed or Neutered? _____
(please provide proof)

Has your dog been surgically debarked? _____

Number of dogs in household? _____

Please send completed form along with a check made out to
Hope Township for the proper amount:
$10.00- spayed or neutered dogs
$13.00 - non spayed or neutered dogs
and mail to: Hope Township Dog License
PO Box 284
Hope, NJ 07844
Please note: All dogs must be licensed by January 31 of each calendar year. Any dogs licensed after January 31 are subject to late fees.
Questions? Please call 908-459-5011x1 Mon. - Fri. 8:00-4:00