

## HOPE TOWNSHIP DOG LICENSE APPLICATION

Name of Dog:	
Name of Dog Owner:	
Street Location:	
Mailing Address: (if different)	
Telephone #	
<b>DOG INFORMATION</b>	
Gender:	_____ Male    _____ Female
Breed:	
Color & Marking:	
Hair Length:	___ Short ___ Medium ___ Long
Birthday:	
Rabies Expires:	
	Please Provide Proof of Rabies Vaccine
Spayed or Neutered?	
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 908-459-5011 x 1 Monday – Friday 8:00 – 4:00