



## BOROUGH OF ROOSEVELT

33 N. Rochdale Avenue  
P.O. Box 128  
Roosevelt, NJ 8555  
609-448-0539, ext. 4

### APPLICATION FOR DOG LICENSE

#### Owner Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

P.O. Box # \_\_\_\_\_

#### Dog Information

Dog's Name \_\_\_\_\_ Breed \_\_\_\_\_

Year of birth \_\_\_\_\_ Sex \_\_\_\_\_

Color/markings \_\_\_\_\_

Length of hair (check one) \_\_\_\_\_ Short \_\_\_\_\_ Medium \_\_\_\_\_ Long

Spayed/neutered? (check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

**Expiration date of current Rabies Vaccination\*** \_\_\_\_\_

*\*Note: VACCINATIONS MUST BE VALID THROUGH OCTOBER 31 OF THE YEAR FOR WHICH YOU LICENSING YOUR PET. Include copy of veterinarian's certification.*

#### LICENSE FEES:

Spayed/Neutered: 8.20

Non-Spayed, Non-Neutered: 11.20

\$1.00 late fee for every month after January

ALL DOGS MUST BE LICENSED EVERY YEAR. THIS LICENSE EXPIRES JANUARY 31 OF NEXT YEAR.

Please fill out and mail this form with your check or money order, made payable to *Borough of Roosevelt*, and a STAMPED, SELF-ADDRESSED ENVELOPE, plus required documentation, to the above address.