



MORRIS TOWNSHIP HEALTH DEPARTMENT  
 50 WOODLAND AVENUE - P.O. BOX 7603  
 CONVENT STATION, NJ 07961-7603

973-326-7390

## APPLICATION FOR 2009 DOG LICENSE

\*\*\*\*\* PLEASE READ FIRST \*\*\*\*\*

1) IF YOU HAVE NOT ALREADY DONE SO, YOU MUST SUBMIT PROOF THAT YOUR DOG HAS A CURRENT RABIES' VACCINATION, WHICH MUST BE VALID UNTIL AT LEAST OCTOBER 31, 2009 - TEN MONTHS FROM THE TIME OF LICENSING. (All new rabies shots your dog receives must be submitted to this office so that we may update our records.)

### FREE RABIES CLINIC

SATURDAY, NOVEMBER 7, 2009 - 10:00 AM - 12 NOON

PLEASE CALL HEALTH DEPT. FOR LOCATION

2) IF YOU HAVE NOT ALREADY DONE SO, YOU MUST SUBMIT PROOF THAT YOUR DOG HAS BEEN NEUTERED OR SPAYED. (See NOTE below.)

**\*NOTE:** YOU MAY OMIT THIS DOCUMENT IF PROOF OF NEUTERING HAS BEEN PROVIDED TO THIS OFFICE IN THE PAST. IF THE DOG OWNER HAS NO PROOF OF THEIR DOG BEING NEUTERED OR SPAYED, THEN THE OWNER MAY SIGN A SWORN STATEMENT STATING:

1. THE VETERINARIAN'S NAME AND ADDRESS
2. MONTH, DAY AND YEAR DOG WAS NEUTERED OR SPAYED
3. WHY THERE IS NO CERTIFICATE OF ALTERING FROM VETERINARIAN.

### DOG INFORMATION

NAME OF DOG: _____	SPAYED / NEUTERED: Mon ___ Day ___ Year ___
AGE: _____	BREED: _____
SEX:                    M                    F	COLOR: _____
VETERINARIAN: _____	RABIES EXPIRATION: Mon ___ Day ___ Year ___
HAIR LENGTH:    SHORT    MEDIUM    LONG	RABIES GIVEN:        Mon ___ Day ___ Year ___

### OWNER INFORMATION

LAST NAME: _____	CITY: _____
FIRST NAME: _____	STATE: _____
MIDDLE INITIAL: _____	ZIP CODE: _____
STREET ADDRESS: _____	PHONE # HOME: _____
PO BOX / APT. #: _____	PHONE # OFFICE: _____

### FEE SCHEDULE

\$12.00\*\*\*\*\* IF YOUR DOG HAS BEEN SPAYED / NEUTERED  
 \$15.00 \*\*\*\*\* IF YOUR DOG HAS NOT BEEN SPAYED / NEUTERED  
 \$15.00 \*\*\*\*\* ADDITIONAL LATE FEE AFTER JANUARY 31, 2009

BE ADVISED A \$20.00 FEE WILL BE CHARGED FOR ANY RETURNED CHECK