

FRANKLIN TOWNSHIP DOG LICENSE APPLICATION

Owner's Name _____ Phone _____

Mailing Address _____

Street Address (if different from mailing) _____

Dog's Name _____

Breed _____

DOB _____

Color _____

Circle One: Sex: M F Hair: Long Med Short
Spay: Y N

Vet's Name: _____

Phone #: _____

Rabies Expiration Date: _____ (Must not expire before November 1st of that
licensing year)

If you are mailing the application, be sure to include:

\$10.00 if neutered/spayed
\$13.00 for non-neutered/non spayed

After January 31, 2016, dog license **late fees** will apply as follows:

February - \$ 1.00
March - 5.00
April - 10.00

2. Check or Money Order, made payable to **Franklin Township**

Current proof of rabies vaccination showing expiration date expiring no earlier than
November 1st of that licensing year, as per State Law

Enclose a self-addressed, stamped envelope.

Return to:

Franklin Township Municipal Building
Dog Licensing Official
2093 Rt. 57
Broadway, NJ 08808