

**FRANKLIN TOWNSHIP "NEW" 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 1<sup>st</sup> of that licensing year)

If you are mailing the application, be sure to include a check/money order for:

\$10.00 if neutered/spayed

\$13.00 for non-neutered/non spayed

**PLEASE ENCLOSE the following:**

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

**A COPY** of the current proof of rabies vaccination showing expiration date expiring no earlier than November 1<sup>st</sup> of that licensing year, as per State Law

**Mail to the following address or feel free to place in our Outside Drop Box and we will mail the license back to you:**

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