TOWNSHIP OF GREEN BROOK DOG LICENSE APPLICATION

Your Name:			Date:				
Address:			Telephone:				
Dog's Name:				Sex:	Male	_Female	
Breed:			Hair: _	Long_	Short _	Med	
Color and Markings:			Fixed:	Fixed: YES or NO Age:			
Address at which do	g will be kept, i	f different from a	bove:				
Rabies Inoculation ((State law requires the November 30 of the this application. You 111 Greenbrook Ro	hat in order to is current licensing ou may make c	sue a license rabig year). A copy opies of this form	es inoculation mof the Rabies Communication as needed. Plantage of the Rabies of the R	nust not e e <mark>rtificate</mark> l <mark>ease mai</mark>	xpire prior must acc l applicat	r to company	
LICENSE	FEES: Neutero	ed/Spayed \$21.0	0 Non Neutere	d/Spaye	d \$24.00		
License Fee Clinic State Fee *	\$ <u>19.80</u> \$ <u>1.20</u>		EES: \$1.00 Regi Fund VAL FEES: \$3.0 NONSPAYED	d 0 for NO			
Additional Fees**	\$						
TOTAL	\$	Signature of Applicant					
AFTER JANUAR WILL BE ASSE			ESIDENTS WI				
		For Office Use	Only				
Date Issued	Licens	se Number	Cash	Check #			

Any questions please call (732) 968-1023 x6602