THE TOWN OF MORRISTOWN

200 South Street,
P.O. Box 914
Morristown, NJ
07963-0914

Health Division

Main Office	(973) 796-1975
Health Officer	(973) 292-6707
Health Inspectors	(973) 292-6713
	(973) 796-1993
Nurse	(973) 292-6702
Animal Control	(973) 292-6731
Fax	(973) 292-6730

DOG LICENSE APPLICATION

APPLICATION INSTRUCTIONS

Please complete application in full. One application per animal. Incomplete applications will not be processed and will be returned. License fee must accompany this application. If you are applying by mail, payment must be made by check or money order payable to "Town of Morristown". Cash payments are only accepted in person. If applying by mail, a self-addressed stamped envelope must accompany this application along with your check or money order. Please mail your application to the Division of Health address at the top of this form. License fees are as follows:

Dogs Neutered or Spayed……$10.00 **Dogs Not Neutered or Spayed……$20.00**
Late Fee….$5.00**
**** Late fees are applied per animal, per month if license is not obtained by June 30th of the licensing year.**

Date of Application: _____ Application is for (check one): ☐New License ☐Renewal of License

Owner Information

Last Name: _____ First Name: _____

Home Address: _____ Home Number: _____

Work Number: _____ Cell Number: _____ Email Address: _____

Dog Information

Dog's Name: _____ Dog's Date of Birth: _____ Age: _____

Breed: _____ Color/Markings: _____

Hair Length (Check One): ☐Hairless ☐Short Haired ☐Long Haired

Is dog spayed or neutered (Check One)*: ☐Yes ☐No
* **Proof of Spay/Neuter Required**

Sex: ☐Male ☐Female

* **Rabies Expiration Must Not Expire Before April 30th of Licensing Year. Proof of Rabies Immunization Must Be Provided.**

Rabies Expiration Date*: _____

Microchip Number (If Applicable): _____ Debarked (Check One): ☐Yes ☐No

Owner's Signature: _____
I certify that the information provided herein is true to the best of my knowledge.

FOR OFFICIAL USE ONLY

Date License Issued: _____ Check/MO Number: _____ Tag Number: _____ License Number: _____

Issued by: _____