



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

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

- 1 Year License
 3 Year License

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 the "Town of Morristown". Cash payments are only accepted in person. Visit www.townofmorristown.org/petlicensing to apply online. If applying by mail, a self-addressed 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. Credit Card payments are now accepted. License fees are as follows:

	<u>One Year</u>	<u>Three Year</u>
Dog License, Spayed or Neutered:	\$10.00	\$25.00
Dog License, NOT Spayed or Neutered:	\$20.00	\$35.00

****Late Fees are \$5 per month, per pet starting July 1st.**

****A \$2.00 convenience fee will be charged for all credit card transactions.**

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

OWNER INFORMATION

Last Name: _____ First Name: _____
Home Address: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____

DOG INFORMATION

Dog's Name: _____ Dog's Date of Birth: _____ Age: _____
Breed: _____ Color/Markings: _____
Hair Length (check one): Hairless
 Short Haired Long Haired
Sex: Male Female
Rabies Expiration Date: _____ Microchip Number (If Applicable): _____
Debarked? Yes No

Is dog spayed or neutered? (Check One)* Yes No

***Proof of Spay/Neuter Required**

***Rabies Expiration MUST NOT expire before April 30th of Licensing Year, Proof of Rabies Immunization MUST be provided.**

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 #: _____ Tag #: _____ License #: _____

Issued by: _____