

DOG LICENSE APPLICATION
Township of Frelinghuysen
210 Main Street, Johnsonburg, NJ 07825
Phone: 908-852-4121 Fax: 908-852-7621
www.frelinghuysen-nj.us

PET'S NAME				FOR OFFICE USE ONLY			
				ISSUE DATE: _____		LICENSE NO: _____	
BREED			SEX	HAIR LENGTH		COLOR	
RABIES	VACCINATION DATE		EXPIRATION DATE		VETERINARIAN'S NAME & TELEPHONE NUMBER		
INFORMATION							
YEAR OF BIRTH		IS PET SPAYED OR NEUTERED?		YES	NO	IF PET IS DECEASED OR NO LONGER OWNED CHECK BOX & RETURN FORM	
PET OWNER'S NAME & ADDRESS (INCLUDE APT. #)							
HOME PHONE #: _____							
EMERGENCY PHONE #: _____							
FEE PAID: _____							
DO NOT ENTER							