

**NJ DOG LICENSE
BOROUGH OF SOUTH RIVER**

MIDDLESEX COUNTY

NAME: _____

DATE: _____

ADDRESS: _____

TELEPHONE: _____

DOG

SEX : _____ BREED: _____ AGE : _____ YRS. _____ MTHS. _____

HAIR S M L: _____ COLOR / MARKINGS: _____

NAME: _____ RABIES VACCINATION EXPIRES: _____

VACCINATED BY: _____

SPAYED/ NEUTERED: YES or NO DATE SPAYED/NEUTERED: _____

SPAYED/NEUTERED BY: _____

LICENSE FEE: \$9.80 REPLACEMENT: No

NJ REGISTRATION FEE: \$1.00

NJ PILOT CLINIC FUND: \$0.20

POPULATION CNTRL AMT: \$3.00

LATE FEE: \$5.00 February 1 – February 28/29

\$10.00 March 1 – March 31

\$15.00 April 1 – December 31

REPLACEMENT FEE: \$3.00

RECLAMATION FEE: \$40.00

TOTAL COST: _____ LICENSING OFFICIAL: _____

Please make checks payable to the Borough of South River

THIS LICENSE EXPIRES DECEMBER 31 AND IS SUBJECT TO RENEWAL DURING JANUARY

E-MAIL ADDRESS FOR RENEWAL NOTIFICATION ONLY _____