

**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** \_\_\_\_\_