



15 MAIN STREET-ENGLISHTOWN, N.J. 07726  
(732) 446-9235  
FAX (732) 446-4979

## ANIMAL LICENSE APPLICATION

Name of Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Circle One: Dog Cat      Circle One: Male Female

Pet's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Size: Small Medium Large      Hair: Short Med Long

Tattoo/Microchip # (if any): \_\_\_\_\_

Spayed/Neutered: Yes No      Spay/Neuter Date: \_\_\_\_\_

Spay/Neuter By: \_\_\_\_\_

Rabies Vaccination Date: \_\_\_\_\_ (Please include copy of vaccination certificate)

**\*\* Must be valid at least 10 months of the licensing period \*\***

Fees: \$14.00 spayed/neutered cat/dog  
\$17.00 non-spayed/non-neutered cat/dog

\*\*\* A late fee of \$5.00 will be imposed on all licenses issued after February 15<sup>th</sup> \*\*\*

Make check payable to Borough of Englishtown and mail to the address above.