2019 DOG APPLICATION

| License No | | |
|------------|---------|----------|
| | (Office | Use Only |

| | (January 1, 2019– December 31, 2019) | | | | (Office Use Only) | | |
|---|--------------------------------------|----------|------------------|-----------------------|---|--|--|
| Owner's Name | | | | Telephone Numbers | | | |
| Owner's Address | | | | | | | |
| Dog's Name | | Sex | □M □F | Neutered or Spayed | □Yes □No | Debarked Dog − □ Yes or □ No | |
| Rabies Certificate Expires | | Color | | | Breed | | |
| Microchip No. | | | Email Address | | | | |
| NOTICE TO ALL DOG OWNERS - Return this application with Proof of Rabies and Spaying/Neutering certification, if applicable, with the appropriate fee to the address listed below. CASH or CHECK ONLY (Make check or money order payable to: Township of Lawrence) | | | | | | | |
| MAIL TO: Township of Law Attn: Municipal O P.O. Box 6006 | rence Clerk's Office | v. CASII | or check | CHET (Man | e check of | IMPORTANT NOTICE There will be a free rabies clinic on Saturday, January 12, 2019, from 9:00 a.m. to 11:00 a.m. at National Guard Armory on Eggert Crossing Road. All | |
| Lawrence Towns | hip, NJ 08648 | | | | | cats must be in carriers and dogs must be on a leash. Proper ID required at Gate. | |
| LICENSE FEES - \$11.00 if spayed or neutered \$14.00 if not spayed or neutered | | | | | Please notify the Clerk's Office if you no longer have your dog(s) or if you have | | |
| DELINQUENT FEES - \$5.00 surcharge plus \$1.00 for each month overdue | | | | | | moved from Lawrence Township. (609-844-7000) | |
| License Fee \$ **RABIES VACCINE MUST BE GOOD THROUGH NOVEMBER 1, 2019 | | | | | Please complete application to ensure accurate records. If possible, please give an alternate phone number. | | |
| *ALL DOGS (7) SEVEN MONTHS AND OLDER MUST BE LICENSED | | | | | Delinquent fees will be assessed effective April 1, 2019. | | |
| ***All Applicants n | nust be 18 years of age or | older. | | | | | |
| ALTERNATE CONT | ACT PERSON (Optional | l) | | | | | |

TELEPHONE NUMBER _____