

**TOWNSHIP OF DENVILLE  
DEPARTMENT OF HEALTH**

1 St. Mary's Place, Denville, NJ 07834  
973-625-8300 ext 261  
[www.denville.nj.org](http://www.denville.nj.org)

**DOG LICENSE APPLICATION**

**APPLICATION INSTRUCTIONS**

Please complete application in full. Incomplete applications will not be processed and will be returned.

License fee must accompany this application. If you are applying by mail, payment must be made by check or money order payable to "Township of Denville". Cash payments are only accepted in person. If applying by mail, a self-addressed stamped envelope must accompany this application along with your check or money order. Please mail your application to the Health Department address at the top of this form. License fees are as follows:

<b>Dogs Neutered or Spayed</b>	<b>\$15.00</b>
<b>Dogs Not Neutered or Spayed</b>	<b>\$18.00</b>
<b>Late Fee (If Applicable) **</b>	<b>\$25.00</b>

**\*\* Late fees are applied if license is not obtained by January 31st of the licensing year.**

Date of Application: \_\_\_\_\_ Application is for (check one):  New License  
 Renewal of License

**Owner Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

**Dog Information**

Dog's Name: \_\_\_\_\_ Dog's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Hair Length (Check One):  Short Haired  Long Haired  
Is dog spayed or neutered (Check One)\*:  Yes  No  
**\* Proof of Spay/Neuter Required if Not on File with Health Dept.**

Sex:  Male  Female

Rabies Expiration Date\*: \_\_\_\_\_  
**\* Rabies Expiration Must Not Expire Before November 1st of the Licensing Year. Proof of Rabies Immunization Must Be Provided if Not on File with Health Dept.**

Microchip Number (If Applicable): \_\_\_\_\_ Was Dog Debarked (Check One)?  Yes  No

Owner's Signature: \_\_\_\_\_  
**I certify that the information provided herein is true to the best of my knowledge.**

**FOR OFFICIAL USE ONLY**

Date License Issued: \_\_\_\_\_ Check/MO Number: \_\_\_\_\_ Tag Number: \_\_\_\_\_ License Number: \_\_\_\_\_

Issued by: \_\_\_\_\_