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**Dog owners** **must** **renew licenses each year from January 1 through February 1 for all dogs** 7 months or older. Late fees apply to applications received after February 1st. Other fines are possible if summonses are issued. Licenses are available in person at the Municipal Building from 8:00am till 4:00pm, or complete this form and mail to:

Franklin Township Municipal Building,

c/o Dog Registrar

202 Sidney Road, Pittstown, NJ 08867-4145

**Please Provide:**

* A completed application or copy of the 2022 license with any changes or corrections clearly marked
* A copy of your dog’s rabies certificate valid thru November 2023.
* Proper fee (make checks payable to Franklin Township). Do not send cash in the mail.
* Self-addressed, stamped envelope

**2023 Licensing Fees per Dog**

Spayed/ neutered………………. $12.00 Late fee……………….an *additional* $17.00 per household

Not spayed/neutered………………$15.00

**REMEMBER: DO NOT SEND ANY DOG LICENSE APPLICATIONS BEFORE JANUARY 1, 2023**

**Franklin Township, Hunterdon County**

**2023 Dog License Application**

Complete and return to the Municipal Dog Registrar with full-year rabies certificate.

***OWNER INORMATION***

LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_

CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ALTERNATE PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***DOG INFORMATION***

DOG’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BREED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SEX (Circle one): Male Female

BIRTHDATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE\_\_\_\_\_\_\_\_\_\_\_ SPAYED/NEUTERED (Circle one): YES NO

HAIR LENGTH (Circle one): SHORT MEDIUM LONG COLORING\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RABIES VACCINE EXPIRATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VETERINARIANS NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_