



## DOG LICENSE APPLICATION

WRITTEN VERIFICATION OF RABIES VALID THROUGH OCTOBER 31<sup>ST</sup>  
of the licensing year is required prior to the issuance of a license.

### APPLICANT/PET OWNER

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Numbers Home: \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_

### DOG INFORMATION

Name of Pet \_\_\_\_\_ Age \_\_\_\_\_  
Breed \_\_\_\_\_ Color \_\_\_\_\_  
Markings \_\_\_\_\_ Sex ☐ Male ☐ Female  
Hair ☐ Short ☐ Medium ☐ Long  
Spayed/Neutered ☐ Yes ☐ No

### VACCINATION INFORMATION

Rabies Vaccination Expiration Date \_\_\_\_\_

**Copy of Rabies Certificate Required- Must Be valid through October 31<sup>st</sup> of the licensing year**

### LICENSE FEES

Spayed/Neutered \$ 5.20 **Copy of Spay/Neuter Certificate Required**  
Non-Spayed/Neutered \$ 8.20

### PAYMENT

Checks made payable to: Borough of Mantoloking  
Cash (in person only- exact change requested )  
No Debit or Credit Cards accepted.

### FREE RABIES CLINIC:

Visit [www.ochd.org](http://www.ochd.org) for more information.

Apply in person or mail: (If mailing, enclose a stamped self-addressed envelope)

Borough of Mantoloking  
Office of the Clerk  
P.O. Box 247  
Mantoloking, NJ 08738

The following items must be included with your request:  
Application  
Payment  
Rabies Certificate  
Spay/Neuter Certificate