



SPRINGFIELD TOWNSHIP

2159 Jacksonville-Jobstown Road
Jobstown, New Jersey 08041
(609) 723-2464
Fax (609) 723-6591

Clerk / Land Use ext. 10
Police ext. 20
Tax Collector ext. 14
Tax Assessor ext. 19
Construction / Zoning ext. 21
Manager ext. 22
Finance ext. 11

APPLICATION FOR DOG LICENSE

NAME: _____ PHONE: _____

ADDRESS: _____

DOG'S NAME: _____ SPAYED/NEUTERED: DATE: _____

COLOR: _____ AGE: _____ BREED: _____ SEX: _____ HAIR LENGTH: S _ M _ L _

PLEASE MAIL THIS FORM WITH A SELF-ADDRESSED, STAMPED ENVELOPE AND APPLICABLE ITEMS FROM #1 TO #4 BELOW TO:

**SPRINGFIELD TOWNSHIP DOG REGISTRAR
2159 JACKSONVILLE-JOBSTOWN RD.
JOBSTOWN, NJ 08041**

1. PER N.J.A.C.8:23a-4.3, RABIES VACCINATION CERTIFICATE (**MUST BE VALID THROUGH OCTOBER 31ST OF THE LICENSING YEAR**)
2. PROOF OF SPAYING/NEUTERING OF DOG, IF APPLICABLE
3. TO AVOID LATE FEES **IF** PURCHASING LICENSE **AFTER JAN 31ST**, PROOFIS REQUIRED (AS APPLICABLE) REFLECTING AGE OF DOG, DATE DOG WAS ACQUIRED, OR REFLECTING DATE OF OWNER MOVING INTO TOWNSHIP.
4. CHECK MADE PAYABLE TO: **SPRINGFIELD TOWNSHIP**

TOTAL FEES, INCLUDING LATE FEES AS APPLICABLE:

| <u>MONTH</u> | <u>SPAYED/NEUTERED</u> | <u>NOT SPAYED/NEUTERED</u> |
|--|------------------------|----------------------------|
| JANUARY 1 st – 31 st | \$12.00 | \$15.00 |
| FEBRUARY - DECEMBER | \$22.00 | \$25.00 |

If you own more than one dog, you may enter the information on the back of this form. Thank you.

Office Use Only:

License # _____

Paid:

Cash Check Money Order Amount _____

DOG'S NAME: _____ SPAYED/NEUTERED: DATE: _____

COLOR: _____ AGE: _____ BREED: _____ SEX: _____ HAIR LENGTH: S__ M__ L__

DOG'S NAME: _____ SPAYED/NEUTERED: DATE: _____

COLOR: _____ AGE: _____ BREED: _____ SEX: _____ HAIR LENGTH: S__ M__ L__

DOG'S NAME: _____ SPAYED/NEUTERED: DATE: _____

COLOR: _____ AGE: _____ BREED: _____ SEX: _____ HAIR LENGTH: S__ M__ L__