

NAME:

DATE:

Township of Hillsborough

COUNTY OF SOMERSET THE PETER J. BIONDI BUILDING 379 SOUTH BRANCH ROAD HILLSBOROUGH, NJ 08844 (908) 369-4313 www.hillsborough-nj.org

Municipal Animal License New Dog Application

ADDRESS:	
ADDRESS:EMAIL ADDRESS:	
PHONE:	
DOG'S NAME:	BREED:
SIZE: small/medium/large (ci	ircle one)
HAIR: short/medium/large (c	circle one)
DATE OF BIRTH:	SEX:
TATTOO/MICROCHIP#	SEX:
COLOR/MARKINGS:	
SPAYED/NEUTERED: yes/ne	o (circle one) DATE:
VET NAME & PHONE NUM	1BER:
	E:
Dog license fee: \$21.00 Neuter	red Animal (altered)
\$24.00 Non- 1	neutered Animal (unaltered)
Required: Proof of Rabies Va	ccination valid through October 31st of the
Licensing year. Proof of Neut	ering/Spayed.
Both certificates will be retur	ned with your license
Make checks payable to Hills	borough Township and send to:
Hillsborough Township Muni	icipal Building, 379 South Branch Road,
Hillsborough, NJ 08844. Attn	: Clerk's Office.