



**2020 NJ DOG LICENSE
TOWNSHIP OF WASHINGTON**

ANIMAL NAME: _____ SEX (M / F) (circle one)

BREED: _____ AGE: _____ DATE OF BIRTH: ____/____/____

COLOR(S) & MARKINGS: _____ HAIR (long / medium / short) (circle one)

SPAYED / NEUTERED (yes / no) (circle one) IF YES, DATE: ____/____/____

DATE RABIES VACCINATION EXPIRES: ____/____/____

*** Rabies vaccination must be good through November 1, 2020**

OWNER'S NAME: _____

PHONE NUMBER: _____

STREET ADDRESS: _____

CITY: _____ NJ ZIP CODE: _____

AMOUNT SUBMITTED: _____ CHECK #: _____ DATE: ____/____/____

Fees: \$7.20 spayed/neutered \$10.20 non-spayed/neutered
\$5.00 late fee per month beginning in February (RENEWALS ONLY)

**Proof of rabies vaccination and veterinary spay/neuter certification must be provided if not currently on record.
Rabies and spay/neuter certificates will be returned upon request.**

Mail payment along with your completed application, certification(s), and a self-addressed, stamped envelope to:

Township of Washington
Dog License Renewal
211 Route 31 North
Washington, NJ 07882

If registering in person, cash or check only - exact change is appreciated ☺