



BOROUGH OF ROOSEVELT

33 N. Rochdale Avenue
P.O. Box 128
Roosevelt, NJ 8555
609-448-0539

2024 APPLICATION FOR DOG LICENSE

Owner Information

Last Name _____ First Name _____

Phone # _____

Street Address _____

P.O. Box # _____

Dog Information

Dog's Name _____ Breed _____

Year of birth _____ Sex _____

Color/markings _____

Length of hair (check one) _____ Short _____ Medium _____ Long

Spayed/neutered? (check one) _____ Yes _____ No

Expiration date of current Rabies Vaccination* _____

**Note: VACCINATIONS MUST BE VALID THROUGH OCTOBER 31, 2024*

*******INCLUDE COPY OF VETERINARIAN'S RABIES CERTIFICATION *******

LICENSE FEES:

Spayed/Neutered: 12.00

Non-Spayed, Non-Neutered: 15.00

\$1.00 late fee for every month after January

ALL DOGS MUST BE LICENSED EVERY YEAR. THIS LICENSE EXPIRES JANUARY 31 OF NEXT YEAR.

Please fill out and mail (or place in dropbox on side of building) this form with your check or money order, made payable to *Borough of Roosevelt*, plus required documentation, to the above address.