

# 2010 DOG LICENSE APPLICATION

Licenses must be renewed by May 1, 2010. State law requires that proof of rabies vaccination, valid at least through February 28, 2011, be presented prior to issuance of a dog license.

- A free township rabies clinic is held at the township garage on Saturday March 27<sup>th</sup> from 9:00am – 12:00 noon. Call 973-347-2500 x125 for details. Other clinics may be offered in the area.
- Fees: 1-Year license \$12.00 if spayed or neutered; all others \$15.00.  
3-Year license \$30.00 if spayed or neutered; all others \$39.00.
- Licenses and tags may be mailed.
- Mail renewal; include payment, stamped self-addressed envelope, and proof of rabies vaccination.

An optional 3-year license is being made available. Eligible animals for this program must be given a 3-year rabies vaccination in the month of March 2010 or later. Any shot given before this time will not cover the animal for the required licensing period under State law. If you do not qualify for a 3-year license, a 1-year license will be issued.

**A LATE FEE OF \$5.00 PER MONTH WILL BE ASSESSED ON MAY 1<sup>ST</sup>.**

ALL 1-YEAR LICENSES EXPIRE APRIL 30, 2011  
ALL 3-YEAR LICENSES EXPIRE APRIL 30, 2013

Send this form with payment and rabies proof to:

**Township of Byram, 10 Mansfield Drive, Stanhope, NJ 07874, Attn: Dog Licenses**

Please check one

1- year license                       3- year license

This license to own, keep, or harbor the dog described below will be issued to:

Dog's Name: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

Rabies Compulsory Vaccination Expires: \_\_\_\_\_ *A copy of the certificate must be included.*

Age of Dog: \_\_\_\_\_ Sex: Male Female (circle one)

Spayed or Neutered: Yes No (circle one) Hair Length: Short Medium Long (circle one)

Breed: \_\_\_\_\_ Color & Markings: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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**For Office Use Only**

Amount Paid: \$ \_\_\_\_\_ Cash or Check Receipt #: \_\_\_\_\_ Check #: \_\_\_\_\_

Received By: \_\_\_\_\_ Issued By: \_\_\_\_\_