



TOWNSHIP OF HILLSIDE
Health Department
DOG LICENSE APPLICATION
ALL LICENSES EXPIRE JANUARY 31ST

PLEASE NOTE – PROOF OF RABIES AND SPAY/NEUTER MUST BE PROVIDED WITH APPLICATION

OWNER(S) NAME: _____

Address: _____

Phone Number: _____ **Email Address:** _____

Signature: _____ **Date:** _____

Dog's Name: _____ **Dog's Sex:** _____ **Age:** _____ **Spayed/Neutered:** _____

Breed: _____ **Hair: Short/Long** _____ **Color:** _____ **Rabies Expiration Date:** _____

Dog is no longer here: { }deceased { }ran away { }moved

OWNER MUST NOTIFY TOWNSHIP IF DOG IS NO LONGER REQUIRED TO BE LICENSED, PLEASE INDICATE ABOVE.

FEE(S)

SPAYED/NEUTERED - \$ 10.20

NON-SPAYED/NON-NEUTERED - \$ 13.20

PLEASE NOTE – AFTER APRIL 1ST ADD AN ADDITIONAL \$ 3.00

MAKE ALL CHECK(S) OR MONEY ORDER(S) PAYABLE TO TOWNSHIP OF HILLSIDE

**MAIL APPLICATION & PAYMENT TO
TOWNSHIP OF HILLSIDE
HEALTH DEPARTMENT
MUNICIPAL BUILDING
1409 LIBERTY AVENUE
HILLSIDE, NJ 07205**

NOTE: IF YOUR DOG'S RABIES VACCINATION EXPIRES BEFORE OCTOBER 31ST, YOUR DOG MUST GET A RABIES SHOT BEFORE YOU FILE FOR THE LICENSE. THIS IS A STATE LAW.

ANYONE OWNING, KEEPING OR HARBORING ANY UNLICENSED DOG OF LICENSING AGE WILL BE SUBJECT TO A SUMMONS AND FINE AFTER JANUARY 31ST.

FOR OFFICE USE ONLY: Amount: _____ Paid: { }check/money order { }cash Check #: _____ Date Paid: _____