



15 MAIN STREET-ENGLISHTOWN, N.J. 07726
(732) 446-9235
FAX (732) 446-4979

ANIMAL LICENSE APPLICATION

Name of Owner: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Dog/Cat: (F) (M) Pet's Name: _____ Birthdate: _____

Breed: _____ Color/Markings: _____

Size: Small Medium Large Hair: Short Med Long

Tattoo/Microchip # (if any): _____

Spayed/Neutered: Yes No Spay/Neuter Date: _____

Spay/Neuter By: _____

Rabies Vaccination Date: _____ (Please include copy of vaccination certificate)

**** Must be valid at least 10 months of the licensing period****

Fees: \$13.00 spayed/neutered cat/dog
\$16.00 non-spayed/non-neutered cat/dog

Make check payable to Borough of Englishtown and mail to the address above.