



*Borough of Sussex*  
2 Main Street  
Sussex, New Jersey 07461  
Phone: 973-875-4831  
Facsimile: 973-875-6261

### DOG LICENCE APPLICATION

<b>PET OWNER INFORMATION</b>
YOUR NAME: _____
YOUR ADDRESS: _____
TELEPHONE NUMBER: _____

<b>PET INFORMATION</b>	
PET NAME: _____	PET BREED: _____
PET DATE OF BIRTH: _____	PET SEX: <input type="checkbox"/> M <input type="checkbox"/> F
COLOR: _____	PET HAIR: <input type="checkbox"/> Long <input type="checkbox"/> Medium <input type="checkbox"/> Short
Is the Pet spayed or neutered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Vet Name: _____	
Rabies Vaccination Expires: _____ (If the vaccination expires on or before November 1, you must get a new vaccination.)	

#### FEES

\$9.00 Spayed / Neutered	\$12 NOT Spayed / Neutered
--------------------------	----------------------------

\*make checks payable to Sussex Borough  
**\$5.00 LATE FEE beginning February 1<sup>st</sup>**

**NOTICE:** A new license **WILL NOT** be issued if the current rabies vaccination expires **BEFORE** November 1 of the licensing year according to New Jersey State Licensing Requirements.

\_\_\_\_\_  
Signature of Owner \_\_\_\_\_  
Date

**Please include a self-addressed stamped envelope if registering by mail.**