

# Millstone Township Dog License Application

Date Issued \_\_\_\_\_ License # \_\_\_\_\_

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

Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Email Address \_\_\_\_\_

Dog Name \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

Age \_\_\_\_\_ Hair \_\_\_\_\_ Color \_\_\_\_\_ New Dog? (X) \_\_\_\_\_

Spayed or Neutered? (Y/N) \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

Rabies Shot Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

<b>License Fee</b>	<b>Spayed/Neutered: \$10.00</b>	<b>Non-Spayed-Non-Neutered: \$13.00</b>	
Late Fee (After 4/30)	5.00		5.00
<b>Total</b>	<u><b>\$15.00</b></u>		<u><b>\$18.00</b></u>

**THIS LICENSE EXPIRES JANUARY 31 OF NEXT YEAR.**