Township of West Caldwell

DOG LICENSE APPLICATION

Renewal ☐ License # _____

New Dog ☐ License Fee _____

* *

OWNER INFORMATION

Owner Name: _____

Address: _____

Phone #: _____ E-mail address _____

* *

DOG INFORMATION

Name: _____ Breed: _____

Color: _____ Hair Length: _____

Date of Birth: _____ Age: _____ Rabies Exp. Date _____

Sex: ☐ Male Spay/Neutered: ☐ Yes Date_____

☐ Female ☐ No

* *

RENEWALS DUE BY JANUARY 31ST

Altered Dog	$ 16.20
Non-Altered	$ 19.20
Late Fee (if applicable)	$ _____
Total	$ _____

MAKE CHECKS PAYABLE TO:
TOWNSHIP OF WEST CALDWELL

MAIL TO: DOG LICENSE
30 CLINTON ROAD
WEST CALDWELL, NJ 07006

PLEASE PROVIDE PROOF OF RABIES AND SPAY/NEUTER

STATE LAW REQUIRES RABIES VACCINATION BE CURRENT TO AT LEAST NOVEMBER 1ST OF THE CURRENT YEAR

30 Clinton Road, West Caldwell, New Jersey 07006-6704 X (973) 226-2300 X FAX: (973) 226-2396
www.westcaldwell.com