TOWNSHIP OF LIVINGSTON HEALTH DEPARTMENT

204 HILLSIDE AVENUE LIVINGSTON, N.J. 07039 TEL (973) 535-7961 FAX (973) 535-3234

If animal is	deceased	or no longe	er owned
please	check box	and return	form

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1	N.J. ANIMAL LICENSE	DATE ISSUED			DOG PARK	TAG NO.			
ANIMAL NAME		BREED			AGE	RABIES EX	PIRES		
SEX HAIR:	COLOR	SPAYED/NEUTERED (YES	or NO)	VETERINARIAN	ļ		TELEPHONE N		
									
				Ĺ	DESCRIPTION	SPAYED NEUTERED	NON-SPAYED NON-NEUTERE		
					LICENSE FEE	\$ 15.00	\$20.00		
					LATE FEE - MARCH 1st	\$ 5.00	\$ 5.00		
					DOG PARK PASS: Resident	\$10.00	\$10.00		
				(DOG PARK PASS: Non-Resident \$20 00 \$20 00 RABIES VACCINATION MUST BE VALID				
ELEPHONE:					– TO OCTOBER 3				
	RES JANUARY 31 AND MUST BE RE		(T YEAR		SUBMIT CURRENT RAE	IES CERTIFICA	TE IF EXPIRE		
ETURN ALL CO	OPIES INSTRUCTIONS ON RE	VERSE SIDE			SUBMIT SPAY/NEUTER	CERTIFICATE II	F NOT ON FIL		
TOWNSHIP	DF LIVINGSTON HEALTI 204 HILLSIDE AVENUE	H DEPARTMENT			eceased or no long				
	LIVINGSTON, N.J. 07039	.		piease cn	eck box and return	torm •			
I E I	L (973) 535-7961 FAX (973) 5	35-3234			LICE	ENSE NO.			
	N.J. ANIMAL LICENSE	DATE ISSUED			DOG PARK	TAC NO			
'	1.5. ANIMAL LICENSE					- IAG NO			
ANIMAL NAME		BREED		-	AGE	RABIES EX	PIRES		
SEX HAIR	COLOR	SPAYED/NEUTERED (YES	S or NO)	VETERINARIAN		 \	TELEPHONE N		
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ELEPHONE:		Email:			RABIES VACCIN				
IS LICENSE EXPIR	RES JANUARY 31 AND MUST BE RE	NEWED IN JANUARY OF NEX	(T YEAR			1 OF LICENSIN			
ETURN ALL CO	OPIES INSTRUCTIONS ON RE	EVERSE SIDE			SUBMIT CURRENT RAE				
					SUBMIT SPAY/NEUTER	CERTIFICATE	F NOT ON FIL		
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RABIES VACCINATION MUST BE VALID
TO OCTOBER 31 OF LICENSING YEAR
SUBMIT CURRENT RABIES CERTIFICATE IF EXPIRED
SUBMIT SPAY/NEUTER CERTIFICATE IF NOT ON FILE

THIS LICENSE EXPIRES JANUARY 31 AND MUST BE RENEWED IN JANUARY OF NEXT YEAR $\it RETURN$ ALL COPIES INSTRUCTIONS ON REVERSE SIDE

TELEPHONE:

INSTRUCTIONS:

1. Check application for accuracy and make any necessary corrections.

5. Replacement Tags for Animal License \$5.00

- 2. Check rabies information and neuter status. If there have been any changes since last billing, be sure to enclose required certificates.
- 3. RETURN ALL COPIES OF THIS APPLICATION WITH A SELF-ADDRESSED STAMPED ENVELOPE, ALONG WITH YOUR CHECK OR MONEY ORDER PAYABLE TO TOWNSHIP OF LIVINGSTON FOR APPROPRIATE AMOUNT.
- 4. In order to utilize the Livingston Dog Park, all dogs must wear a Livingston Dog Park Pass. Use this form to apply for the pass by completing the information on the front of this application and include the appropriate fee for your Livingston Dog License and the Dog Park Pass. You must have a current year Dog License from your municipality to apply for a Dog Park Pass. By signing below I agree to the release of Liability statement as well as the Rules of the Livingston Dog Park that appear on the www.livingstondogpark.com web site.

Sig	gned:Date	e
All	State Registration Fees And Surcharges Are In	cluded
ТО	OWNSHIP OF LIVINGSTON - HEALTH DEPART	rment
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