

ALEXANDRIA TOWNSHIP 782 FRENCHTOWN ROAD, MILFORD NJ 08848

2012 Ap	plication	for Dog L	icense					
Pet Name:								
Hair: <i>Circle one</i>	Short	Medium	Long					
Breed:								
Coloring:								
Sex: Circle one	Female	Male			ayed/N :/e one	eutered:	YES	NO
Dogs' Date	e of Birth:							
Age:								
Rabies Va	ccine Expi	ration Date:	:					
	·		Must be v					
OWNER	S Informa	ation: F	Please Print					
First Nam	e:							
Last Name	e:							
Address:								
City:								
Zipcode:						-		
Home Pho	one:					_		
Work Pho	ne:							
						-		
Email Add	ress:						<u> </u>	
FEES:		apply <mark>after Apr</mark> i						
Spayed: NonSpayed	\$ 8.00 \$ 11.00		Late Fee: Late Fee:	\$ \$		plus license plus license	= \$18.00 = \$24.00	
In order to ap Rabies Certifi		u must include	a Stamped/s	Selt-a	addresse	a envelope ar	nd a copy of th	e

Check's should be made payable to Alexandria Township