



Borough of Mendham
6 West Main Street, Mendham, NJ 07945

Return Application to the
Mendham Borough Board of Health

Phone: 973-543-7152 *10
Fax: 973-543-2290

DOG LICENSE APPLICATION

APPLICATION INSTRUCTIONS

Please complete application in full. One application per animal. Incomplete applications will not be processed and will be returned. License fee must accompany this application. If you are applying by mail, payment must be made by check or money order payable to "Borough of Mendham". Cash payments are only accepted in person. Please mail your application to Karen Orgera at address above. License fees are as follows:

Dogs Neutered or Spayed.....\$15.00

Late Fee: \$10.00

Dogs Not Neutered or Spayed.....\$18.00

Late fees are applied per animal when renewal license is not obtained by February 1st of the licensing year.

Date of Application: _____ Application is for (check one): New License
 Renewal of License

Owner Information

Last Name: _____ First Name: _____

Home Address: _____ Home Number: _____

Email Address: _____ Cell Number: _____

Dog's Information

Dog's Name: _____ Dog's Date of Birth: _____ Age: _____

Breed: _____ Color/Markings: _____

Hair Length (CheckOne): Short Haired Medium Haired Long Haired
Sex: Male Female

Is the Dog spayed or neutered?* Yes No

* **Proof of Spay/Neuter Required for New Licenses**

Rabies Expiration Date*: _____
* **Proof of Rabies Immunization Must Be Provided and Must Not Expire Before November 1st of the Licensing Year.**

Microchip Number (If Applicable): _____ Declawed (Check One): Yes No

Owner's Signature: _____

I certify that the information provided herein is true to the best of my knowledge.

FOR OFFICIAL USE ONLY

Date License Issued: _____ Check/MO Number: _____ Tag Number: _____ License Number: _____

Issued by: _____