Township of Weehawken
New Jersey
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Board of Health
372 Park Avenue
Weehawken, New Jersey 07086
201-319-6054
Fax: 201-863-7989

Dog License Application

Instructions:

1. **Complete the application below for your dog license. A separate application is needed for each dog.**
2. **Proof of rabies vaccination must be submitted with each license application. All certificates received will be returned with the issued license.**
3. **Proof of spaying or neutering is required for all new licenses.**
4. **Enclose a check or money order with the correct amount due.**
   Spayed/Neutered: $9.00 Non Spayed/Non Neutered $12.00
5. **Mail to: Weehawken Health Department**
   372 Park Avenue
   Weehawken, New Jersey 07086

Thank you for your time and cooperation in this matter.

2015 N.J DOG LICENSE

Township of Weehawken Hudson County

This license to own, keep or harbor the dog described below is issued to:

Name: _____ **Date:**_____

Address: _____ **Telephone:**_____

Dog: Sex M F (circle one) **Breed:** _____ **Age:** _____ **Hair S M L** (circle one)

Color & Markings: _____ **Name:**_____

Address at which dog will be kept if different from above: _____

Rabies Inoculation (Compulsory) Date Expires:_____ **No.** _____ **Neutered** ☐ **Spayed** ☐

THIS LICENSE EXPIRES JANUARY 31, 2016 AND IS SUBJECT TO RENEWAL DURING JANUARY, 2016

Neutered/Spayed ☐ **Non Neutered/Non Spayed** ☐

Always be a responsible pet owner and clean up after your dog.