



**TOWNSHIP OF WEEHAWKEN
HEALTH DEPARTMENT
4100 PARK AVENUE
WEEHAWKEN, N.J. 07086
Phone: 201-319-6054 Fax: 201-330-0978**

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

4100 Park Avenue
Weehawken, New Jersey 07086

Thank you for your time and cooperation in this matter.

2019 N.J. DOG LICENSE

Township of Weehawken

Hudson County

No. _____

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

Name _____ Date _____

Address _____ Telephone _____

Dog: Sex M F Breed _____ Age _____ Hair S M L
(Circle One) (Circle One)

Color & Markings _____ Name _____

Address at which dog will be kept if different then above _____

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

License Fee \$

State Fees* \$

\$ FOR LATE CHARGES, AFTER

Additional Fees** \$

TOTAL \$

Licensing Official

THIS LICENSE EXPIRES JANUARY 31, 2020 AND IS SUBJECT TO RENEWAL DURING JANUARY, 2020



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