CITY OF NEW BRUNSWICK
ANIMAL CONTROL
78 BAYARD STREET
P.O. BOX 269
NEW BRUNSWICK, NEW JERSEY 08903-0269
(732) 745-5016
FAX (732) 565-7542

LICENSE APPLICATION FOR DOGS & CATS

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

Owners Name: _____ Date: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____
Listed _____ Not Listed _____

Pet s Name: _____ Birth Date: _____

Species: DOG / CAT (Circle One) Hair Length: Long / Medium / Short (Circle One)

Breed: _____ Sex: Male / Female (Circle One)

Color/Markings: _____

Proof of spayed/neutered must be submitted

Spayed or Neutered: YES / NO (circle one) If yes, date: _____ Month / Day / Year

VACCINATION CERTIFICATE MUST ACCOMPANY THIS APPLICATION
****RABIES VACCINATION MUST BE VALID FOR THE LICENSING YEAR UNTIL NOVEMBER****

Rabies Vaccination Expiration Date: _____
Month / Day / Year

Veterinarian: _____

FEE: **$18.20**, if Spayed or Neutered the fee is: $**15.20**

METHOD OF PAYMENT IN MONEY ORDER, OR CERTIFIED CHECK
Please return license application with payment in person or via mail to the above address