

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 Hair Length: Long / Medium / Short  
Circle One Circle One

Breed: \_\_\_\_\_ Sex: Male / Female  
Circle One

Color/Markings: \_\_\_\_\_

### Proof of spayed/neutered must be submitted

Spayed or Neutered: YES / NO If yes, date: \_\_\_\_\_  
circle one 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