



Borough Of Atlantic Highlands

NJ DOG/CAT LICENSE APPLICATION

Circle One: DOG / CAT

Previous License #:

Owner name;

Address:

Phone #: () _____ - _____

Pet Name: _____

Sex: M / F

Age: _____

Breed: _____

Color: _____

Hair: Long/Medium/Short

Spayed/Neutered: Y / N

Veterinarian Name: _____

Rabies Vaccination Date: _____ Vaccine Expiration Date: _____

Please include proof of current vaccination along with this application. The animal must have at least 10 moths of valid vaccine, for a license to be issued.

License Fee Information

Spayed/Neutered \$11.20

Non- Spayed/Neutered \$14.20

Late Fee [after March 31st or Sept. 30th] \$5.00
