



DOG LICENSE FORM

Clerk's Office

17 North Main Street

Medford, New Jersey 08055

Dog Name: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_  
\_\_\_\_\_

Day time Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Sex of Dog: Male Female

Date of Birth: / / Approximate Age:  years  months

Breed: \_\_\_\_\_ Size: Small / Medium / Large / X Large

Hair Color: \_\_\_\_\_ Hair Length: Short / Medium/ Long

Special Markings: \_\_\_\_\_

Tattoo/Microchip #: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_

Veterinarian's Phone #: (\_\_\_\_\_) \_\_\_\_\_

Is the dog Spayed or Neutered? Yes / No Spayed/Neutered Date: / /

Rabies Expiration Date: \_\_\_\_\_

Rabies Exempt (Vet Letter Required):  Yes  No

Previous Biting:  Yes  No Vicious Animal:  Yes  No

Guide or Assistance Dog:  Yes  No

**FEES:** Prior to Jan 31<sup>st</sup> After Jan 31<sup>st</sup>

Spayed or Neutered \$12.00; \$27.00

Not Spayed or Neutered \$15.00; \$30.00

1. Make checks payable to "Township of Medford"
2. You must provide proof of rabies vaccination valid through November 1st of the current year along with proof of spaying/neutering.
3. If mailing, don't forget to include a self addressed, stamped envelope.

**Note: New dogs and new residents will not be charged late fees**