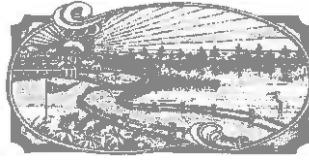


GALLOWAY TOWNSHIP
300 E JIMMIE LEEDS ROAD
GALLOWAY, NJ 08205



ANNUAL DOG LICENSING FORM / RENEWAL FORM

PREVIOUS YEAR LICENSE NUMBER: _____

YOUR NAME: _____

ADDRESS: _____

TELEPHONE: H: _____ C: _____

DOG INFORMATION (Please print clearly)

SPAYED OR NEUTERED () YES () NO

FEE: (CIRCLE ONE) **\$14.00 IF YES** **OR** **\$17.00 IF NO**
MUST PROVIDE CERTIFICATE OF PROOF OF SPAY/NEUTER – IF NOT ON FILE

DOG'S NAME _____

BREED _____

COLOR & MARKINGS _____

SEX: M _____ F _____

AGE _____

HAIR LENGTH: SHORT _____ MEDIUM _____ LONG _____

RABIES EXPIRES: _____

MAIL THIS COMPLETED APPLICATION ALONG WITH CURRENT RABIES RECEIPT
(UNLESS ON FILE) AND PAYMENT TO: **GALLOWAY TOWNSHIP CLERK'S
OFFICE, 300 E. JIMMIE LEEDS ROAD, GALLOWAY, NJ 08205. ALL ORIGINAL
DOCUMENTS WILL BE RETURNED TO YOU ALONG WITH YOUR 2018 LICENSE.**