



Rockaway Borough Health Department
 1 East Main Street
 Rockaway NJ 07866 (973) 627-2000

2024 DOG RENEWAL

NAME OF DOG		BREED		ISSUING OFFICIAL		DATE ISSUED		LICENSE NUMBER		LAST LICENSE#	
SEX	HAIR/ (S/M/L)	COLOR/MARKING		SPAY/NEU (Y/N)	SIZE (S/M/L)	DeBarked	DATE OF BIRTH				
RABIES VACCINATION EXPIRATION DATE				VETERINARIAN'S NAME AND PHONE NUMBER							
Owner Email						HOME TELEPHONE		EMRG TELEPHONE			

O
W
N
E
R

License Fee \$17.00
 Non-Spay/ Non-Neuter Fee (\$3.00) \$ _____
 Late Fee after February 28, 2024 \$ _____
 (\$17.00 Spay/Neuter or \$20.00 Non-Spay/Non-Neuter)
TOTAL DUE \$ _____

RETURN ENTIRE APPLICATION WITH PAYMENT. (MAKE CHECKS PAYABLE TO ROCKAWAY BOROUGH.)
 AFTER VALIDATION, YOUR LICENSE WILL BE RETURNED BY MAIL.

IMPORTANT RABIES NOTICE:

THE STATE OF NEW JERSEY MANDATES: A DOG LICENSE CANNOT BE OBTAINED UNLESS THE DURATION OF IMMUNITY FOR RABIES EXTENDS THROUGHOUT AT LEAST THE FIRST 10 MONTHS OF THE LICENSING PERIOD. YOU MUST UPDATE YOUR DOGS RABIES VACCINATION IF IT EXPIRES BEFORE 12/31/2024.

IF ANIMAL IS DECEASED OR NO LONGER OWNED CHECK BOX AND RETURN THIS FORM

CONDITIONS:

1. Check application for accuracy and make any necessary changes.
2. No 2024 license renewals will be accepted until after January 2, 2024.
3. See Important Pet License Renewal Information sheet enclosed for renewal process.

RABIES VOUCHER: VETERINARIAN USE ONLY

Vaccine Lot #: _____

Date Given: _____ 1YR ____ 3YR ____

OWNERS SIGNATURE _____

I Certify that the information provided herein is true to the best of my knowledge.

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