Township of Robbinsville 2020 Dog License Application

Animal Name				
Age	Sex		Hair Length (Long, Medium or Short)	
Breed			Color	
Spayed/Neutered Date – Must provide proof			Rabies Expiration Date – Must provide proof*	
Note: The Saxpires prior to		ohibits us froi	m issuing a license	to any animal whose rabies vaccinatio
Owner's Name				
Address				
City	City			Zip
Home Phone			Work Phone	
Gees payable to	o Robbinsville Townsh	iip:		itered/Spayed Neutered/Not Spayed
he law states yo	u must license your dog. A	ll dogs must be l	icensed at 6 months of a	ge.
Retu	urn this application wit	h proof of rabi	es and spaying/neuto	ering with appropriate fee to:
		Office of th	sville Township ne Township Clerk 18 Route 33 sville, NJ 08691	

(609) 259-3600