

HAMPTON TOWNSHIP DOG LICENSE APPLICATION

NAME: _____

ADDRESS: _____

DOES DOG RESIDE AT THE ABOVE ADDRESS: Y N

IF NO, PLEASE INDICATE THE ADDRESS WHERE THE DOG RESIDES:

PHONE NO. Home _____ Work _____

DOG INFORMATION

NAME OF DOG: _____

SEX: M F DATE OF BIRTH: ____/____/____

BREED: _____

HAIR: SHORT MEDIUM LONG

COLOR & MARKINGS: _____

RABIES VACCINATION EXPIRES: ____/____/____

IS DOG SPAYED/NEUTERED? Y N

IF YES, WHEN? _____

IS THIS THE FIRST TIME YOU HAVE LICENSED THIS DOG IN HAMPTON TOWNSHIP? Y N

HAVE YOU LICENSED OTHER DOGS IN HAMPTON TOWNSHIP? Y N