

FRANKLIN TOWNSHIP "NEW" DOG LICENSE APPLICATION

Owner's Name _____ Phone _____

Mailing Address _____

Street Address (if different from mailing) _____

Dog's Name _____

Breed _____

DOB _____

Color _____

Circle One: Sex: M F Hair: Long Med Short

Spay: Y N

Vet's Name: _____

Phone #: _____

Rabies Expiration Date: _____ (Must not expire before November 1st of that licensing year)

If you are mailing the application, be sure to include a check/money order for:

New Fees Effective January 1, 2026

\$15.00 if neutered/spayed

\$20.00 for non-neutered/non spayed

PLEASE ENCLOSE the following:

2. Check or Money Order, made payable to **Franklin Township**

A COPY of the current proof of rabies vaccination showing expiration date expiring no earlier than November 1st of that licensing year, as per State Law

Mail to the following address or feel free to place in our Outside Drop Box and we will mail the license back to you:

Franklin Township Municipal Building
Dog Licensing Official
2093 Rt. 57
Broadway, NJ 08808