

**CITY OF PORT REPUBLIC
City Clerk's Office
143 Main Street
Port Republic, NJ 08241**



Dog Licensing Form / Renewal Form

Your Name _____

Address _____

Phone Number: _____ (cell / home)

DOG INFORMATION:

Dog's Name _____ Age: _____

Dog's Breed _____

Rabies Expiration Date: _____

(must be 10/31 of this year or later)

Sex: Male _____ Female _____ Spay/Neuter: Yes _____ No _____

If yes, date: _____

If yes, by: _____

Hair Length: Short _____ Medium _____ Long _____

Hair Color / Markings: _____

FEES:

SPAYED / NEUTERED: \$ 6.00

NON-SPAYED / NON-NEUTERED: \$11.00

FEES MUST BE PAID BY CASH OR CHECK ONLY

1. Return the completed form together with current rabies certificate, spay/neuter certificate (if applicable), and payment to: Port Republic City Hall, 143 Main Street, Port Republic, NJ 08241. All original documents will be returned to you along with your dog's license and tag.
2. Any questions may be directed to 609.652.1501 or brandy@portrepublicnj.org.