



MAYOR SAMSON D. STEINMAN

RAHWAY DEPARTMENT OF HEALTH

2016 DOG LICENSE APPLICATION

OWNER'S NAME _____ PHONE: _____

ADDRESS _____ DOG'S SEX: M / F

BREED _____ COLOR(S) _____

DOG'S NAME _____ AGE _____ HAIR SHORT/MEDIUM/LONG

If your dog has been vaccinated by the City, please provide the year of vaccination _____

If your dog received a rabies vaccination by a veterinarian, YOU MUST PROVIDE A COPY OF THE RABIES VACCINATION

A DOG LICENSE WILL NOT BE ISSUED UNLESS THEIR RABIES VACCINATION IS VALID THROUGH OCTOBER 2016. THIS IS MANDATED BY LAW.

FEES

Spayed/Neutered	
Jan. 1 – April 1	\$8.20
After April 1	\$10.20

Not Spayed/Neutered	
Jan. 1 – April 1	\$11.20
After April 1	\$13.20

Please make checks payable to the City of Rahway and mail to:

Health Dept.
1 City Hall Plaza
Rahway, NJ 07065
Attn: Dog Licensing

