



MAYOR  
DAWN ZIMMER

# HEALTH DEPARTMENT City of Hoboken, New Jersey

124 Grand Street  
Hoboken, New Jersey, 07030  
201-420- 2375

## Dog License Application 2011

FRANK. S. SASSO, MS.,MSW

HEALTH OFFICER

### NOTICE TO ALL HOBOKEN DOG OWNERS

PERSUANT T O HOBOKEN MUNICIPAL CODE 93-2, ALL DOGS IN THE CITY OF HOBOKEN MUST POSSESS A VAILD DOG LICENSE. THIS LICENSE MUST BE RENEWED ANNUALLY. FAILURE T O COMPLY WILL RESULT IN A SUMMONS BEING ISSUED WITH A MANDATORY COURT APPEARANCE.

You may apply in person or by mail to:

**HOBOKEN HEALTH DEPARTMENT 1 24 Grand Street, Hoboken, New Jersey 07030**

Owners Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Dog Info: SEX: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Hair: \_\_\_\_\_  
(Short - Med - Long)

Color: \_\_\_\_\_ Dog's Name: \_\_\_\_\_

Address at which the dog will be kept (if different from Above)

Spayed / Neutered: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE: \_\_\_\_\_

Veterinarian / Clinic Performing above: \_\_\_\_\_

Current attending Vet name: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**PURSUANT TO N.J.S.A 4:19-15 2A**, All dogs must be properly inoculated against rabies. This Vaccination must be administered by a licensed Veterinarian and must be current for the full licensing period. **STATE LAW ALSO REQUIRES THAT YOU PROVIDE DOCUMENTARY PROOF (KINDLY ENCLOSE A COPY)**

**Please enclose a personal check or money order made payable the Hoboken Health Department:**

**FEES: Spayed / Neutered - \$10.00**

**Non-Spayed / Neutered - \$14.00**

Please also enclose a **self-addressed stamped envelope**, in which you will receive your metal tag.

**THIS LICENSE EXPIRES DECEMBER 31, 2011**

**THERE WILL BE A \$5.00 LATE CHARGE FOR ANY LICENSE NOT RENEWED BY JANUARY 31, 2011**

**FRANK. S. SASSO, MS.,MSW  
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