DOG LICENSE APPLICATION

Dog Owner:

Name_____

Address_____

Phone #_____

Dog Information:

Dog's Name_____

Breed_____

Sex_____

Hair (long, medium, short)_____

Color_____

Age_____

Neutered: Yes_____ No_____

License Fee: Neutered - $8.00 Not Neutered - $11.00

Expiration date of rabies inoculation_____
(this date must be valid through November 1st of this year.)

Make check payable to the **Borough of Bogota.**

Mail this completed from along with your check and a copy of the rabies certificate to:

Bogota Board of Health
375 Larch Avenue
Bogota, NJ 07603

This information will be recorded and a dog tag and license will be mailed to you promptly.