

**TOWNSHIP OF PARSIPPANY-TROY HILLS  
NEW JERSEY DOG LICENSE APPLICATION & INSTRUCTIONS**

State Statute requires that the owner of any newly acquired dog of licensing age (seven months), or of any dog which attains licensing age make application for license and registration tag within ten (10) days after such acquisition or age attainment.

Please print this page, complete the form, and mail to the Township of Parsippany-Troy Hills

BREED – If mixed, please specify breeds  
SEX – “F” for female or “M” for male  
ALTERED – “Yes” or “No”

HAIR LENGTH – Short, medium or long  
COLOR – Indicate color of hair  
AGE – Indicate age in years

Rabies Information: Indicate “Date Inoculated” & “Date Vaccination Expires”

**Note:** A valid certificate or copy of the Rabies Vaccination **MUST** accompany application. Proof will be returned to you. **The rabies vaccination is not valid if the expiration date expires prior to November 1<sup>st</sup> of the licensing year.**

Please PRINT owner’s FULL name, address, and zip code where indicated. Signature is required. License must be issued in the name of an adult member of the household.

License Fees: For newly acquired dogs of licensing age, submit a check payable to the Township of Parsippany-Troy Hills in the amount of:  
**\$18.00 - Non-Altered Dog**  
**\$15.00 - Altered Dog** (With veterinarian’s proof of sterilization. Proof will be returned to you.)  
Please check amount on Application.

For additional information, please call the Municipal Clerk’s Office at 973-263-4356.

TWP. OF PARSIPPANY-TROY HILLS      DOG LICENSE APPLICATION FOR YEAR \_\_\_\_\_      DATE \_\_\_\_\_

I.D. NO.	TELEPHONE #	DOG’S NAME	BREED	SEX	ALTERED	HAIR LENGTH	COLOR	AGE
<b>X</b>								
Check if telephone number is unlisted <input type="checkbox"/>				<b>RABIES INFORMATION:</b>				
Has dog been surgically debarked or silenced? Yes <input type="checkbox"/> No <input type="checkbox"/>				<b>VETERINARIAN:</b>  <b>DATE INOCULATED:</b>  <b>DATE EXPIRES:</b>				
OWNER’S NAME _____ & ADDRESS _____  SIGNATURE _____						<b>\$18.00</b> <input type="checkbox"/> (NON-ALTERED DOG)  <b>\$15.00</b> <input type="checkbox"/> (ALTERED DOG)		

**PLEASE MAIL TO: TOWNSHIP OF PARSIPPANY – MUNICIPAL CLERK  
1001 PARSIPPANY BLVD., PARSIPPANY, NJ 07054  
ATTENTION: DOG LICENSING**