



**MAYOR**  
**DAWN ZIMMER**

## HEALTH DEPARTMENT

City of Hoboken, New Jersey

124 Grand Street

Hoboken, New Jersey 07030

201-420-2375

**Dog License Application 2012**

**FRANK S. SASSO, MS, LMSW**

**HEALTH OFFICER**

### NOTICE TO ALL HOBOKEN DOG OWNERS

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

You may apply in person or by mail to:

**THE HOBOKEN HEALTH DEPARTMENT, 124 Grand Street, Hoboken, New Jersey 07030**

Owner's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Dog Info: Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Hair: \_\_\_\_\_  
(Short ó Med. ó Long)

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

Address at which dog will be kept (if different from above):  
\_\_\_\_\_

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

Veterinarian/Clinic performing above: \_\_\_\_\_

Current attending veterinarian name: \_\_\_\_\_

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

**PURSUANT TO N.J.S.A. 4:19-152A**, 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 DOCUMENTED PROOF (KINDLY ENCLOSE A PHOTOCOPY).**

PLEASE ENCLOSE A PERSONAL CHECK OR MONEY ORDER MADE PAYABLE TO **THE HOBOKEN HEALTH DEPARTMENT** IN ONE OF THE FOLLOWING AMOUNTS:

**\$10.00 IF DOG IS SPAYED/NEUTERED.**

**\$14.00 IF DOG IS NOT SPAYED/NEUTERED.**

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

**THIS LICENSE EXPIRES DECEMBER 31, 2012. ALL LICENSES ARE RENEWABLE YEARLY IN JANUARY.**

**THERE WILL BE A \$5.00 LATE CHARGE ASSESSED FOR ANY LICENSE NOT RENEWED BY JANUARY 31, 2012.**

**FRANK S. SASSO, M.S., L.M.S.W.**

**HEALTH OFFICER**