

**New Jersey Department of Health
Infectious and Zoonotic Diseases Program
PO Box 369
Trenton, New Jersey 08625-0369**

MONTHLY DOG LICENSE REPORT

FOR STATE USE ONLY	
Check No. _____	Amount _____
Date of Check _____	
Trans. Number _____	
Date of Trans. _____	

A. IDENTIFICATION		
Reporting Municipality _____	County _____	Date of Report _____

B. LICENSE DATA	
Include ALL license numbers, not just those for which fees are being submitted.	
1. Period covered from _____ to _____	
2. First license number this report. _____	
3. Last license number this report. _____	
4. Last license number last report this year. _____	
5. Total licenses issued this report (subtract No. 4 from No. 3). _____	

C. LICENSES ISSUED FOR WHICH NO MONEY IS SUBMITTED	
List individually all licenses issued for which no fee is submitted. (Use additional sheets if necessary.)	

#	License Number	Reason	#	License Number	Reason
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

D. PILOT CLINIC FUND	E. ANIMAL POPULATION CONTROL FUND
Surcharge (20 cents) for all licenses issued except for seeing eye, hearing ear and service dogs: Number _____ Amount \$ _____	Additional surcharge (\$3) for licenses issued for non-spayed and non-neutered dogs except for seeing eye, hearing ear and service dogs: Number _____ Amount \$ _____

F. FEE DATA	
1. Total amount due for registration fee (\$1.00 for every license issued except for seeing eye, hearing ear and service dogs licensed without charge)	\$ _____
2. Total amount due for Pilot Clinic Fund (Section D)	\$ _____
3. Total amount due for Animal Population Control Fund (Section E)	\$ _____
4. Total amount due this report	\$ _____

G. CERTIFICATION	
<i>I certify that this report is a true and complete statement of dog licenses issued during the period indicated above.</i>	

Name (Print or Type) _____	Title _____	
Signature _____	Date _____	Daytime Telephone Number _____