



Township of Randolph
Department of Health
502 Millbrook Avenue
Randolph, NJ 07869-3799
Tel: 973.989.7050 • Fax: 973.989.7076
www.randolphnj.org

Dog License Application

Instructions for Completing

1. Township ordinance requires that all dogs must be licensed and have a current tag affixed to a collar or harness. All dogs seven months or older must be licensed.
2. The rabies shot must be good for the entire licensing year. The owner is required to supply proof of vaccination from the veterinarian.
3. Newly acquired dogs which attain licensing age must be licensed within 10 days after such acquisition or age attainment.
 - a) Dogs currently licensed out of the state of New Jersey must be licensed within 90 days.
 - b) Dogs licensed within the state of New Jersey are not required to be re-licensed until the following year.
4. All dogs must be licensed by January 31st of each year.
5. There is no charge for licensing a seeing/hearing or service dog for the handicapped.
6. Please verify rabies info and neuter status and forward written verification of such with this application (copies will be returned).

Fill out both sections and return this application with check made payable to Randolph Township. Be sure to include written proof of rabies and proof of alteration (if applicable). After validation, license will be returned by mail.

License Fees—Dogs due 1/31 each year	
Altered	\$17.00
Unaltered	\$20.00
LATE FEE AFTER 1/31	+ \$10.00 add'l

OWNER INFORMATION				
Name				
Mailing Address				
Home Telephone			Work Telephone	
DOG INFORMATION				
Dog's Name			Breed	Age
Sex M F	Hair	Color & Markings	Spayed/Neutered—if Yes, Date YES NO	Veterinarian
RABIES VOUCHER: VETERINARIAN USE ONLY				
Vaccine Lot #		Date Given	<input type="checkbox"/> 1 YR <input type="checkbox"/> 3 YR	
FOR OFFICIAL USE ONLY				
Fee Paid \$		Date Issued	License No.	

OWNER INFORMATION				
Name				
Mailing Address				
Home Telephone			Work Telephone	
DOG INFORMATION				
Dog's Name			Breed	Age
Sex M F	Hair	Color & Markings	Spayed/Neutered—if Yes, Date YES NO	Veterinarian
RABIES VOUCHER: VETERINARIAN USE ONLY				
Vaccine Lot #		Date Given	<input type="checkbox"/> 1 YR <input type="checkbox"/> 3 YR	
FOR OFFICIAL USE ONLY				
Fee Paid \$		Date Issued	License No.	