

BOROUGH OF LODI  
ONE MEMORIAL DRIVE  
LODI, NEW JERSEY 07644  
(973) 859-7465

HEALTH DEPARTMENT  
DOG/CAT LICENSE REQUEST

DATE \_\_\_\_\_ OWNER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DOG/CAT NAME \_\_\_\_\_ BREED \_\_\_\_\_

COLOR \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

HAIR \_\_\_\_\_ (SHORT/MED/LONG) SPAYED/NEUTERED \_\_\_\_\_

FEE: NEUTERED OR SPAYED \$8.00  
NON-NEUTERED OR NON-SPAYED \$11.00

AMOUNT: \_\_\_\_\_ CHECK NO: \_\_\_\_\_ RECEIPT NO: \_\_\_\_\_

ATTENTION ALL RENEWALS

PLEASE ENTER THE PREVIOUS DOG/CAT LICENSE NUMBER  
EXPIRING AS OF JANUARY 31, 2009 \_\_\_\_\_

PLEASE RETURN THIS FORM WITH APPROPRIATE FEE AND A  
COPY OF RABIES CERTIFICATE. PLEASE NOTE RABIES MAY  
NOT EXPIRE BEFORE OCTOBER 31, 2009