## **HEALTH DEPARTMENT**

## Township of Manalapan

Phone: (732) 446-8345 Fax: (732) 446-1576



120 Route 522 Manalapan, NJ 07726

## ANIMAL REGISTRATION FORM

Please complete the following information to License your dog(s) and/or cat(s)

Your nan	ne:				
Address:			•	701	
Email A	ddress:				
Animal name:			Breed:	Color:	
	Sex:	Male/Female (Please Circle)	Hair: Short/Medium/Lo	ong (Please Circle)	
Please re: <b>Manala</b> p	mit this fo	orm <i>in-person or by mail</i> with nship Health Department, 120	the following documents and pa Route 522, Manalapan, NJ 0	ayment (see below) to the 17726:	
1.	Proof of rabies vaccination (Must be valid thru November of the current year)				
2.	Proof of Spay or Neuter				
3.	Check made out to "Manalapan Township"- see fees below.				
		FEES: Payable	by CASH or CHECK ONLY		
BEFORE FEBRUARY 28 of current year – or – puppy/kitten/newly adopted pet anytime of year For up to 2 pets if registration is received before February 28:  \$12.00 each Neutered animals \$15.00 each NON-Neutered animals					
	he discou	dogs or cats are full price. Any ant is only applied to same-spec	additional dog or cat will be di sies animals:	scounted as follows.	

## MARCH 1 or later

\$9.00 each

For up to 2 pets if registration is received March 1 or later:

NON-Neutered animals

\$17.00 each Neutered animals

\$20.00 each NON-Neutered animals

The first 2 dogs or cats are full price. Any additional dog or cat will be discounted as follows.

The discount is only applied to same-species animals:

\$11.00 each Neutered animals

\$14.00 each NON-Neutered animals

All information on this form must be complete in order to issue a license. All paper work submitted will be returned along with your tag(s) and receipt(s).