



DOG LICENSE APPLICATION
doglicensing@tfpolice.org

MUNICIPAL CENTER
556 TINTON AVENUE
TINTON FALLS, NJ 07724-3298
732-542-3400
732-542-8858 FAX

Owner Information

First Name* _____

Last Name* _____

Address* _____

Zip* _____

Phone* _____

Email * _____

Dog Information

Dog's Name* _____

Breed* _____

Color* _____

Hair Length* _____

Sex * _____

Age*/Birthday* _____

Pet Size*(Sm, Med, Large) _____

Spayed/Neutered? * _____

Is a Service Dog* _____

Is the dog debarked? * _____

Vaccination Information

Is Rabies Vaccination Exempt? * _____

Vaccination Date* _____

Expiration Date* _____

Veterinarian Information

Hospital Name* _____

Address* _____

Phone* _____

Required Documents for New Dog Applicants:

1. All new applicants **must** include a Rabies Certificate and a Spayed / Neutered Certificate before a license can be issued. The Rabies Certificate must be valid through **November 1, of the licensing year.**
2. All dogs must be **7 months** or older to register with the Borough of Tinton Falls.
3. All service dogs **must** provide a valid certificate to indicate they are a service dog.

License Fee Spay/Neutered- **\$10.00**

Non-spay/neutered- **\$13.00**

Certification

I acknowledge that statements made herein are accurate and that this application will not be accepted as submitted until all required documents are remitted. I acknowledge that if the required documents are not remitted, the application will be deemed null and void, and I will be required to make a new application.

Print Name* _____

Signature* _____