



Township of Mullica  
Post Office Box 317  
Elwood, NJ 08217  
Phone (609) 561-7070  
Fax (609) 561-3031  
[www.mullicatownship.org](http://www.mullicatownship.org)  
[mnewton@mullicatownship.org](mailto:mnewton@mullicatownship.org)  
[tstanley@mullicatownship.org](mailto:tstanley@mullicatownship.org)



## **PET REGISTRATION FORM**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **DOG**

**PET NAME:** \_\_\_\_\_

**BREED:** \_\_\_\_\_ **HAIR TYPE:** Short Medium Long

**ANIMAL SIZE:** Small Medium Large **SEX:** Male Female **BIRTH DATE:** \_\_\_\_\_

**MICROCHIP #:** \_\_\_\_\_ **COLOR/MARKINGS:** \_\_\_\_\_

**SPAYED/ NEUTERED:** Yes No **DATE:** \_\_\_\_\_

**VETERINARIAN:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**RABIES EXPIRATION DATE:** \_\_\_\_\_ **RABIES EXEMPT:** Yes No

**CIRCLE ALL THAT APPLY:**

Previous Bitings      Vicious Animal      Guide or Assistance Dog      Moved/ Deceased

### **DOG**

**PET NAME:** \_\_\_\_\_

**BREED:** \_\_\_\_\_ **HAIR TYPE:** Short Medium Long

**ANIMAL SIZE:** Small Medium Large **SEX:** Male Female **BIRTH DATE:** \_\_\_\_\_

**MICROCHIP #:** \_\_\_\_\_ **COLOR/MARKINGS:** \_\_\_\_\_

**SPAYED/ NEUTERED:** Yes No **DATE:** \_\_\_\_\_

**VETERINARIAN:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**RABIES EXPIRATION DATE:** \_\_\_\_\_ **RABIES EXEMPT:** Yes No

**CIRCLE ALL THAT APPLY:**

Previous Bitings      Vicious Animal      Guide or Assistance Dog      Moved/ Deceased

**Please include a copy of the rabies certificate with this form**

**Cost: Spayed/Neutered \$5.00**

**Non- Spayed/Neutered \$8.00**

**Please include a self-addressed stamped envelope if completing the process over the mail**