

# 2026 Dog License Application

Byram Township, 10 Mansfield Dr., Stanhope, NJ 07874  
Questions Call 973 347-2500 x 125 or Email: healthdept@byramtwp.org

**State law requires proof of valid rabies vaccination prior to the issuance of a dog license.**

License renewals are due April 30, 2026  
\$5.00 PER MONTH LATE FEE BEGIN ON May 1, 2026

## **NO LATE FEES ARE CHARGED FOR NEW DOGS TO BYRAM**

### **In person registration:**

- Board of Health Office located in the Administration Building at the address above.
- Mon, Tue, Wed, Fri Hours: 8:30-1:30 Thursdays: 8:30-4:30
- Only Cash or checks accepted (payable to Byram Township)
- Valid rabies certificate required
- Proof of spray/neuter required

### **Mailing registration:**

- Mail renewal application or drop off into the Night Drop Box (Attn: Dog Licensing), located at the Administrative Offices
- Only cash or checks accepted (payable to Byram Township)
- Valid rabies certificate required
- Proof of spray/neuter required
- Enclose a self-addressed stamped envelope

### **1-Year License, Rabies vaccination must be valid through February 28, 2027**

- \$12.00 1-Year License Spayed / Neutered (must supply proof of Spay / Neuter)  
 \$15.00 1-Year License **Not** Spayed / Neutered

### **3-Year License, Rabies vaccination must be valid through February 28, 2029**

- \$30.00 3-Year License Spayed / Neutered (must supply proof of Spay / Neuter)  
 \$39.00 3-Year License **Not** Spayed / Neutered

**This license to own, keep, or harbor the dog described below will be issued to:**

Dog's Name: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

Rabies Compulsory Vaccination Expires: \_\_\_\_\_ *A copy of the certificate must be included.*

Age of Dog: \_\_\_\_\_ yrs. \_\_\_\_\_ months Sex: Male Female (circle one)

Spayed or Neutered: Yes No (circle one) Hair Length: Short Medium Long (circle one)

Breed: \_\_\_\_\_ Color & Markings: \_\_\_\_\_

Owner's Last Name: \_\_\_\_\_ Owner's First Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: NJ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Office Use : Payment

Tag Issued #