

Dog Licensing Form DATE: _____

After January 1st and not before, please return form, fee and proof of current rabies vaccination from a veterinarian or rabies clinic (Not last years license form) per State Regulation N.J.S.A. 4:19-15.5

Delaware Township Animal Licensing
Attn: Deanna Higgins
P.O. Box 101
Sergeantsville, NJ 08557
609-483-2665

There is a drop off box at Police Headquarters 24/7

Rabies vaccinations cannot expire before Nov. 1st (current year) or your forms and payment will be sent back to you
Application is considered incomplete (a late fee may apply, see below)

Pet owners are responsible for knowing when their pets' rabies vaccinations expire.

____ New Dog ____ Renewal

DOG'S OWNER NAME _____

Mailing Address _____

Street Address if P.O. Box _____

Telephone # _____ Cell # _____

DOG'S NAME _____ Microchip ID # _____

Age _____ Sex _____ Spayed/Neutered? ____ Yes ____ No Hair _____

(Short, Med., Long)

Breed _____ Color _____ Debarked ____ Yes ____ No

Rabies Expiration: Attach Rabies Certificate (Cannot Expire Before 11/1/Current Year) *****

DOG'S NAME _____ Microchip ID # _____

Age _____ Sex _____ Spayed/Neutered? ____ Yes ____ No Hair _____

(Short, Med., Long)

Breed _____ Color _____ Debarked ____ Yes ____ No

Rabies Expiration: Attach Rabies Certificate (Cannot Expire Before 11/1/Current Year) *****

*** LICENSE FEE: SPAYED/NEUTERED: \$11.00 UNSPAYED/UNNEUTERED: \$14.00

*** BEGINNING MARCH 1ST: SPAYED/NEUTERED: \$41.00 per dog
UNSPAYED/UNNEUTERED: \$44.00 per dog

Make Checks Payable to Delaware Township or exact cash (No Debit Cards)

Please list the names of pets you **NO LONGER** own _____

WARNING: Applications received by or sent to Township officials are subject to the Open Public Records Act (OPRA)

DOG'S NAME _____ Microchip ID # _____

Age _____ Sex _____ Spayed/Neutered? ____ Yes ____ No Hair _____
(Short, Med., Long)

Breed _____ Color _____ Debarked ____ Yes ____ No

Rabies Expiration: Attach Rabies Certificate (Cannot Expire Before 11/1/Current Year) *****

DOG'S NAME _____ Microchip ID # _____

Age _____ Sex _____ Spayed/Neutered? ____ Yes ____ No Hair _____
(Short, Med., Long)

Breed _____ Color _____ Debarked ____ Yes ____ No

Rabies Expiration: Attach Rabies Certificate (Cannot Expire Before 11/1/Current Year) *****

DOG'S NAME _____ Microchip ID # _____

Age _____ Sex _____ Spayed/Neutered? ____ Yes ____ No Hair _____
(Short, Med., Long)

Breed _____ Color _____ Debarked ____ Yes ____ No

Rabies Expiration: Attach Rabies Certificate (Cannot Expire Before 11/1/Current Year) *****

DOG'S NAME _____ Microchip ID # _____

Age _____ Sex _____ Spayed/Neutered? ____ Yes ____ No Hair _____
(Short, Med., Long)

Breed _____ Color _____ Debarked ____ Yes ____ No

Rabies Expiration: Attach Rabies Certificate (Cannot Expire Before 11/1/Current Year) *****

DOG'S NAME _____ Microchip ID # _____

Age _____ Sex _____ Spayed/Neutered? ____ Yes ____ No Hair _____
(Short, Med., Long)

Breed _____ Color _____ Debarked ____ Yes ____ No

Rabies Expiration: Attach Rabies Certificate (Cannot Expire Before 11/1/Current Year) *****

DOG'S NAME _____ Microchip ID # _____

Age _____ Sex _____ Spayed/Neutered? ____ Yes ____ No Hair _____
(Short, Med., Long)

Breed _____ Color _____ Debarked ____ Yes ____ No

Rabies Expiration: Attach Rabies Certificate (Cannot Expire Before 11/1/Current Year) *****