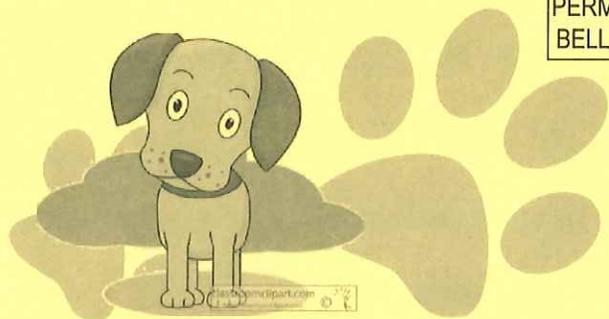


INSTRUCTIONS:

1. Township Ordinance requires that all dogs be licensed and have a current tag affixed to a collar or harness. All dogs 6 months or older, must be licensed. Upon first vaccination for rabies, all dogs must be registered.
2. All dog licenses expire on January 31st of each year.
3. Check rabies information and neuter status. **If there have been any changes since your last license, be sure to enclose the required veterinarian certificates**, which will be returned. Rabies shot must not expire within 6 months of renewal.
4. No pets are permitted to run at large. Owners may be subject to a fine.
5. License must be issued in the name of an adult member of the household.
6. **RETURN THIS APPLICATION** with any changes, along with your check or money order made payable to DEPTFORD TOWNSHIP ATTN: BOARD OF HEALTH, in the appropriate amount to:

DEPTFORD TOWNSHIP
DOG LICENSING
1011 COOPER STREET
DEPTFORD, NEW JERSEY 08096
(856) 845-5300 Ext. 2260

DEPTFORD TOWNSHIP
1011 COOPER STREET
DEPTFORD, NJ 08096



PRSRT STD
US POSTAGE
PAID
PERMIT NO. 35
BELLMAWR, N



FOR CURRENT DOG OWNERS ONLY

2017 DOG REGISTRATION FORM

PET REGISTRATION FORM

Complete the form below and include an updated rabies vaccination (through December 31, 2017) document from your veterinarian, along with the appropriate payment. A license, as well as your documents, will be mailed back to you.

A FREE RABIES CLINIC IS SCHEDULED FOR APRIL 29, 2017 FROM 9:00AM TO 10:30AM AT THE PUBLIC WORKS DEPT. LOCATED ON RT. 41 FOR THOSE RESIDENTS WHO'S DOG(S) NEED TO OBTAIN A RABIES VACCINE.

This is your only reminder for pet registration.

IF PET IS DECEASED OR NO LONGER OWNED, CHECK BOX AND RETURN FORM.

CANINE DESCRIPTION

Name:		Age:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Breed:		
Hair Type: <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> Long	Color/ Markings:		

OWNER'S NAME

ADDRESS

CITY STATE ZIP CODE

TELEPHONE NUMBER

Fee: **\$7.00 Spayed / Neutered**
\$10.00 Not spayed/ Neutered

Rabies Vaccination Expiration: ___/___/___

Veterinarian's Name: _____