

TOWN OF DOVER

37 NORTH SUSSEX STREET
DOVER, NEW JERSEY 07801
Telephone: (973) 366-2200
Fax: (973) 328-6524



Dear Applicant:

It is time to renew your dog's license. Please complete the application and send it along with the appropriate fee by the end of January to the Dover Health Department at the address above with the appropriate fee by **January 31st**.

DOG LICENSE APPLICATION

OWNER'S NAME _____ LAST YEAR'S LICENSE # _____

ADDRESS _____ PHONE # _____

DOG'S NAME: _____ AGE: _____

DOG: _____ SEX: **M** OR **F** BREED: _____

COLOR AND MARKINGS: _____ HAIR: SHORT MED LONG

IS YOUR DOG SPAYED OR NEUTERED? YES _____ NO _____

RABIES VACCINATION INFORMATION

Proof of a current rabies vaccination is required!

****Rabies vaccination must be valid until at least October of licensing year****

1. Please provide a valid certificate if your dog was vaccinated by your personal veterinarian; or
2. If your dog was vaccinated at a Town of Dover Rabies Clinic, please provide the Date of Vaccination _____.

REGISTRATION FEES

\$16.00 per Spayed Female or Neutered Male

\$19.00 per Unspayed Female or Unneutered Male

**** NOTE: RENEWALS RECEIVED AFTER JANUARY 31ST WILL INCUR A \$10.00 LATE FEE AND AN ADDITIONAL \$1.00 PER MONTH ADDED AFTER FEBRUARY 28TH ****

...late fee applies to each dog...

MAKE CHECK or MONEY ORDER PAYABLE TO: TOWN OF DOVER

(Application and payment may be deposited in the black colored "Drive-Up Drop Box" located on the south side of Town Hall. NO CASH ACCEPTED WHEN USING THE DRIVE-UP DROP BOX!)

ADDITIONAL DOGS

DOG'S NAME: _____ LAST YEAR'S LICENSE # _____ DOG'S SEX: **M** or **F**

BREED: _____ HAIR: SHORT MED LONG AGE OF DOG: _____

COLOR & MARKINGS: _____ SPAYED/NEUTERED: YES ___ NO ___

Please provide a valid rabies certificate if your dog was vaccinated by your personal veterinarian or the Town of Dover Rabies Clinic.

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DOG'S NAME: _____ LAST YEAR'S LICENSE # _____ DOG'S SEX: **M** or **F**

BREED: _____ HAIR: SHORT MED LONG AGE OF DOG: _____

COLOR & MARKINGS: _____ SPAYED/NEUTERED: YES ___ NO ___

Please provide a valid rabies certificate if your dog was vaccinated by your personal veterinarian or the Town of Dover Rabies Clinic.

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DOG'S NAME: _____ LAST YEAR'S LICENSE # _____ DOG'S SEX: **M** or **F**

BREED: _____ HAIR: SHORT MED LONG AGE OF DOG: _____

COLOR & MARKINGS: _____ SPAYED/NEUTERED: YES ___ NO ___

Please provide a valid rabies certificate if your dog was vaccinated by your personal veterinarian or the Town of Dover Rabies Clinic.

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