

TOWN OF DOVER

37 N. SUSSEX ST
DOVER, NEW JERSEY 07801
Telephone: (973) 366-2200 Ext. 1120
Fax: (973) 366-6167



Dear Applicant:

It is time to renew your dog's license for **2021**. Please complete the application and return to the Licensing Division at the address above along with the appropriate fee by **January 31, 2021**.

Thank You.

2021 DOG LICENSE APPLICATION

OWNER'S NAME _____ 2020 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, 2021****

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 1/31/20 WILL INCUR A \$10.00 LATE FEE AN ADDITIONAL \$1.00 PER MONTH WILL BE ADDED AFTER 2/28/21****

Late fee applies to each dog

MAKE CHECK/MONEY ORDER PAYABLE TO: **TOWN OF DOVER**

Application and payment may be dropped in the **DRIVE UP BLACK DROP BOX** located on the south side of Town Hall or the Licensing Division Office.

(NO CASH IS TO BE DROPPED AT EITHER LOCATION)

ADDITIONAL DOGS

DOG'S NAME: _____ 2020 LICENSE # _____ DOG: SEX: M OR F

BREED: _____ HAIR: SHORT MED LONG AGE: _____

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

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

DOG'S NAME: _____ 2020 LICENSE # _____ DOG: SEX: M OR F

BREED: _____ HAIR: SHORT MED LONG AGE: _____

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

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

DOG'S NAME: _____ 2020 LICENSE # _____ DOG: SEX: M OR F

BREED: _____ HAIR: SHORT MED LONG AGE: _____

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

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

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