

# TOWN OF DOVER

37 N. SUSSEX ST  
DOVER, NEW JERSEY 07801  
Telephone: (973) 366-2200 Ext. 1159  
Fax: (973) 328-6524



*James P. Dodd, Mayor*

Dear Applicant:

It is time to renew your dog's license for **2018**. Please complete the application and return to the Licensing Division at the address above along with the appropriate fee by **January 31, 2018**.

Thank You.

## 2018 DOG LICENSE APPLICATION

OWNER'S NAME \_\_\_\_\_ 2017 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

Proof of Spay/Neuter required if not on file with the Clerk's Office

## RABIES VACCINATION INFORMATION

Proof of a current rabies vaccination is required.

**\*\*Rabies vaccination must not expire prior to November 1<sup>st</sup> of the 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 1/31/17 WILL INCUR A \$10.00 LATE FEE AND AN ADDITIONAL \$1.00 PER MONTH WILL BE ADDED AFTER 2/28/18\*\***

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 in the DROP SLOT located in the Licensing Division Office.

**(NO CASH IS TO BE DROPPED AT EITHER LOCATION)**

**ADDITIONAL DOGS**

DOG'S NAME: \_\_\_\_\_ 2017 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 \_\_\_\_\_**

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DOG'S NAME: \_\_\_\_\_ 2017 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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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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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 \_\_\_\_\_**

**\*\*Rabies vaccination must not expire prior to November 1<sup>st</sup> of the licensing year\*\***