

**TOWN OF DOVER
HEALTH DEPARTMENT**

37 N. SUSSEX ST
DOVER, NEW JERSEY 07801
Telephone: (973) 366-2200 Ext. 1120 / 1116
Fax: (973) 366-6167



Dear Applicant:

Please complete the application and return to the Health Department at the address above along with the appropriate fee.

Thank You.

DOG LICENSE APPLICATION

DATE: _____ OWNER'S NAME _____ CURRENT 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 31ST 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 WILL BE ADDED AFTER FEBRUARY OF THE LICENSING YEAR****

Late fee applies to each dog

MAKE CHECK/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: _____ PREVIOUS 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: _____ PREVIOUS 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: _____ PREVIOUS 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: _____ PREVIOUS 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 _____