



# TOWNSHIP OF NEW HANOVER - DOG LICENSE



## PET INFORMATION - ONE FORM PER ANIMAL

DOG'S NAME:		MICROCHIP #:	
DATE OF BIRTH:		BREED:	
SPAYED/NEUTERED: YES NO	PROOF OF SPAYED/NEUTERED DATE:		
COLOR/MARKINGS:		HAIR: LONG MEDIUM SHORT	
MALE	FEMALE	RABIES EXPIRATION DATE:	MUST PROVIDE PROOF
<b>ALL DOGS SEVEN (7) MONTHS OR OLD MUST BE REGISTERED</b>			
<b>OWNER INFORMATION</b>			
OWNER'S NAME:			
OWNER'S ADDRESS:			
CITY:		STATE:	ZIP CODE:
HOME PHONE:	CELL:	EMAIL:	

<b>VETERIANARIAN/PRACTICE:</b>		
ADDRESS:		PHONE:
CITY:	STATE:	ZIP CODE:

**RABIES VACCINATION CANNOT EXPIRE BEFORE/ON OCTOBER 31 OF THE LICENSE YEAR IN ORDER TO REGISTER THE DOG. NO LICENSE WILL BE ISSUED WITHOUT UP TO DATE RABIES VACCINATION**

**FEE: DOG LICENSE PAYMENTS MUST BE MADE SEPARATE FROM CAT LICENSE PAYMENT**  
 \$10.80 + \$1.20 STATE FEES = \$12.00 - ALTERED ANIMAL  
 \$13.80 + \$1.20 STATE FEES = \$15.00 - NON-ALTERED ANIMAL

**\*\*A LATE FEE OF \$10.00 WILL BE IMPOSED AFTER JANUARY 31 OF THE LICENSING YEAR.**

For more information, call the Clerk's Office at 609-758-2172 . Mail payment, a self-addressed stamped envelope and form to:  
 New Hanover Township Clerk's Office  
 2 Hockamick Road  
 Cookstown, NJ 08511

Signature:	Date:
<b>OFFICIAL USE ONLY: CHECK:</b>	<b>CASH:</b>
<b>LICENSE NUMBER:</b>	<b>DATE:</b>