

## Township of Tewksbury – New Dog License Application

169 Old Turnpike Road, Califon, NJ 07830

908-439-0022 Ext 729 Fax 908-439-0034

Website [www.tewksburytp.net](http://www.tewksburytp.net)

As per New Jersey State Law and Township Ordinance, all dogs over seven months old residing in New Jersey, must be licensed. All dog licenses must be renewed every January by the 31<sup>st</sup> of the month. A late fee of \$5.00 per dog, per month is assessed as of February 1<sup>st</sup> if the license is not renewed in January. Please Note: Late fees do not apply to “new” dog license applications.

Licenses will be issued at the Township of Tewksbury Municipal Building, Monday through Friday, 8:30 a.m. to 4:00 p.m.

To license a dog through the mail, complete the form below, include your check made payable to Tewksbury Township, a copy of the rabies certificate, good through November 1<sup>st</sup> of the licensing year and a self-addressed stamped (\$.55) envelope. (which is required in order to hand cancel each envelope containing a metal dog tag)

**License Fee:** Spayed or Neutered Dogs \$10.00 Un-altered Dogs \$13.00

**Late Fee:** \$5.00 per month, per dog as of February 1<sup>st</sup>

A copy of the current rabies certificate indicating proof that the dog has been inoculated against rabies through October of the licensing year must be provided before a license can be issued.

For information regarding free local rabies clinics please visit the Hunterdon County Website at

[www.co.hunterdon.nj.us/health/rabiesclinics.htm](http://www.co.hunterdon.nj.us/health/rabiesclinics.htm)

Please notify the dog registrar if you move, no longer own a dog, or if your dog has passed away

### Application for a Dog License

Name of Owner(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Dog \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date \_\_\_\_\_

Breed \_\_\_\_\_ Fur Coat: Short \_\_\_\_\_ Med \_\_\_\_\_ Long \_\_\_\_\_

Color and Markings \_\_\_\_\_

Veterinarian Name & Telephone No. \_\_\_\_\_

Microchip Number if Applicable \_\_\_\_\_

Rabies Expiration Date \_\_\_\_\_ Neutered \_\_\_\_\_ Spayed \_\_\_\_\_