

# COURTESY NOTICE REGARDING ALLOWAY TWP DOG LICENSING

**Chapter 58 of the Alloway Township Code** requires that any dog over the age of seven months shall be inoculated against rabies and licensed by its owner. Dog licenses must be obtained on or before February 15th each year; but not before January 1st of the licensing year.  
*Late fees will be imposed starting February 16, 2019.*

## 2019 DOG LICENSING FEES

Please be advised that we **CANNOT** process any 2019 licenses or payments before January 1, 2019. Please **DO NOT** bring or mail payment in 2018.

### January 1st - February 15th

Spayed/Neutered	\$15.00/dog
Non-Spayed/Non-Neutered	\$18.00/dog

### February 16th - December 31st

Spayed/Neutered	\$35.00/dog
Non-Spayed/Non-Neutered	\$38.00/dog

#### **To License Your Dog(s) By Mail:** (Clerk's Office, PO Box 425, Alloway NJ 08001)

Complete and mail the License Form below, together with:

- \*The dog's **current** rabies certificate (**expiration date must be 11/1/19 or later**)
- \*Proof of sterilization (spay/neuter) including date & name of vet
- \*Appropriate fee (Cash, Check or Money Order payable to Alloway Township)
- \*A stamped, self-addressed, envelope *Note: Any paperwork attached will be returned to you along with the 2019 License and Tag.*

#### **To License Your Dog(s) In Person:** (Municipal Building 49 South Greenwich St, 2nd Floor, South Side Entrance)

Visit the Municipal Clerk's Office Monday - Friday 9am - 1pm

Bring with you:

- \*The completed License Form
- \*The dog's **current** rabies certificate (**expiration date must be 11/1/19 or later**)
- \*Proof of sterilization (spay/neuter) including date & name of vet
- \*Appropriate fee (Cash, Check or Money Order payable to Alloway Township)

#### **To License Your Dog(s) After Hours Drop Box:** (Municipal Building 49 South Greenwich St, South Side Entrance Door)

Complete the License Form below, place in an envelope with:

- \*The dog's **current** rabies certificate (**expiration date must be 11/1/19 or later**)
- \*Proof of sterilization (spay/neuter) including date & name of vet
- \*Appropriate fee (Cash, Check or Money Order payable to Alloway Township)
- \*A stamped, self-addressed, envelope *Note: Any paperwork attached will be returned to you along with the 2019 License and Tag.*

Owner Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Dog Name: \_\_\_\_\_ Male / Female \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Fur Length: Short / Medium / Long

Vet: \_\_\_\_\_ Spayed/Neutered Y / N \_\_\_\_\_ Date: \_\_\_\_\_  
(circle one)

 *FOR ADDITIONAL DOGS* 

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Dog Name: \_\_\_\_\_ Male / Female Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Fur Length: Short / Medium / Long  
Vet: \_\_\_\_\_ Spayed/Neutered Y / N Date: \_\_\_\_\_  
(circle one)

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Dog Name: \_\_\_\_\_ Male / Female Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Fur Length: Short / Medium / Long  
Vet: \_\_\_\_\_ Spayed/Neutered Y / N Date: \_\_\_\_\_  
(circle one)

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Dog Name: \_\_\_\_\_ Male / Female Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Fur Length: Short / Medium / Long  
Vet: \_\_\_\_\_ Spayed/Neutered Y / N Date: \_\_\_\_\_  
(circle one)

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Dog Name: \_\_\_\_\_ Male / Female Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Fur Length: Short / Medium / Long  
Vet: \_\_\_\_\_ Spayed/Neutered Y / N Date: \_\_\_\_\_  
(circle one)

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Dog Name: \_\_\_\_\_ Male / Female Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Fur Length: Short / Medium / Long  
Vet: \_\_\_\_\_ Spayed/Neutered Y / N Date: \_\_\_\_\_  
(circle one)

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I, \_\_\_\_\_, the applicant/owner of the above licensed dogs, certify that  
(print name) I am not operating a commercial breeding facility and/or kennel.

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Signature

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Date