

## COURTESY NOTICE REGARDING ALLOWAY TWP DOG LICENSING

# 2024 DOG LICENSING FEES

January 1<sup>st</sup> - March 31<sup>st</sup>

Spayed/Neutered \$18.00/dog

Non-Spayed/Neutered \$21.00/dog

April 1<sup>st</sup> - December 31<sup>st</sup>

Spayed/Neutered \$43.00/dog

Non-Spayed/Neutered \$46.00/dog

Completed Forms can be dropped off at: Clerk's Office, Clerk's Drop Box (*metal drop box located at the North Side entrance of Municipal Building*), or mailed to Clerk's PO Box –  
PO Box 425 Alloway, NJ 08001.

Complete the license form below and include:

\*The dog's current rabies certificate (***expiration date must be 11/01/24 or later***)

\*Proof of spay/neuter

\*Fee (Cash, Check or Money Order payable to Alloway Township)

\*Return Envelope, stamped and self-addressed.

### 2024 Dog License, Please Complete:

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

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

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

**Check one:** ☐ **Already in System** ☐ **New Dog**

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

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

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

*To Be Returned to Clerks Office for 2024 Dog License*



# FOR ADDITIONAL DOGS



**Check one:**

☐ **Already in System**

☐ **New Dog**

Dog Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Male / Female

Age: \_\_\_\_\_

Color: \_\_\_\_\_

Fur Length: Short / Medium / Long

Vet: \_\_\_\_\_

Spayed/Neutered: Y / N  
(circle one)

Date Spayed/Neutered: \_\_\_\_\_

**Check one:**

☐ **Already in System**

☐ **New Dog**

Dog Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Male / Female

Age: \_\_\_\_\_

Color: \_\_\_\_\_

Fur Length: Short / Medium / Long

Vet: \_\_\_\_\_

Spayed/Neutered: Y / N  
(circle one)

Date Spayed/Neutered: \_\_\_\_\_

**Check one:**

☐ **Already in System**

☐ **New Dog**

Dog Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Male / Female

Age: \_\_\_\_\_

Color: \_\_\_\_\_

Fur Length: Short / Medium / Long

Vet: \_\_\_\_\_

Spayed/Neutered: Y / N  
(circle one)

Date Spayed/Neutered: \_\_\_\_\_

**Check one:**

☐ **Already in System**

☐ **New Dog**

Dog Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Male / Female

Age: \_\_\_\_\_

Color: \_\_\_\_\_

Fur Length: Short / Medium / Long

Vet: \_\_\_\_\_

Spayed/Neutered: Y / N  
(circle one)

Date Spayed/Neutered: \_\_\_\_\_

**Check one:**

☐ **Already in System**

☐ **New Dog**

Dog Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Male / Female

Age: \_\_\_\_\_

Color: \_\_\_\_\_

Fur Length: Short / Medium / Long

Vet: \_\_\_\_\_

Spayed/Neutered: Y / N  
(circle one)

Date Spayed/Neutered: \_\_\_\_\_

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

Signature

Date

*To Be Returned to Clerks Office for 2024 Dog License*

**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. ***Late fees will be imposed starting April 1<sup>st</sup>.***