

# **\*\*TOWNSHIP OF CEDAR GROVE DOG LICENSE APPLICATION \*\***

The laws of the State of New Jersey require licenses for dogs seven months of age and over, must be secured by January 31<sup>st</sup> of each year. State law also requires that each dog have a valid rabies inoculation. If the duration of immunity expires before November 1st of the licensing year, the dog must be revaccinated prior to issuance of a license. *The State Health Department recommends vaccination every two years.* If your dog was inoculated at our Rabies Clinic and the shots have not expired, your dog will be licensed from our records. Otherwise, you must present a Veterinarian's Certificate of Rabies Inoculation. Without proper proof, your application will be rejected.

The **licensing fee is \$12.00**. An additional state fee of \$3.00 will be charged if the dog is not spayed/neutered. **Under township Ordinance, any dog license renewed after February 28<sup>th</sup> will be subject to a \$10.00 late fee.** This fee will not take the place of a summons & fine for and unlicensed dog. Licenses are issued by the Health Department, 2<sup>nd</sup> Floor Municipal Building.

*For your convenience, licenses can be issued by mail. Please include a completed application, your check, rabies inoculation certificate and a self addressed stamped envelope. Make check or money order payable to "The Township of Cedar Grove" Each dog must have a separate application, but total payment may be made with one check. Mail to: Health Department, 525 Pompton Avenue, Cedar Grove, NJ 07009.*

*For questions: Phone# (973)239-1410 x224 \* [HealthDept@cedargrovenj.org](mailto:HealthDept@cedargrovenj.org) \* Fax # (973)239-4187*

**The Cedar Grove Health Department reminds residents that animal waste can pollute our waters. It is required that animal waste be immediately and properly disposed of.**

**Please follow TOWNSHIP CODE 91-11 and clean up after your pet.**

**Violations may be reported to the Health Department of the Police Department.**

Owners name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Dogs name \_\_\_\_\_ Age \_\_\_\_\_

Breed \_\_\_\_\_ Sex \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_

Color \_\_\_\_\_ Neutered  N  Y If yes-date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Hair  short  medium  long Micro chip # \_\_\_\_\_

Location immunized \_\_\_\_\_ Special markings \_\_\_\_\_

Immunization date \_\_\_\_\_ Immunization expiration date \_\_\_\_\_

**Please notify this office if the dog is no longer at this address.**

For official use only

License Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ [ ]Cash-Receipt # \_\_\_\_\_ [ ]Check# \_\_\_\_\_