



**TOWNSHIP OF WASHINGTON
GLOUCESTER COUNTY
*Office of the Township Clerk***

**523 Egg Harbor Road, Sewell, NJ 08080
(856) 589-0520 / FAX (856) 589-9177**

DOG LICENSE APPLICATION / REGISTRATION

(Please Print)

OWNER INFORMATION

First Name _____ Last Name _____

Address _____ Zip Code _____

Daytime Phone Number _____

PET INFORMATION

Name _____ Sex _____ Age _____ Hair: Long _____ Med _____ Short _____

Breed _____ Color _____ Is dog neutered or spayed? Yes _____ No _____

Date of rabies expiration: ____/____/____ * * * Please attach a copy - do not send original * * *

Dog License Fees

Neutered/Spayed	\$10.00
Non-Neutered/Non-spayed	\$15.00

Residents over the age of 62 receive a \$5.00 discount. Date of birth of owner required ____/____/____
MO / DAY / YR

Please be sure to enclose:

1. Check or money order payable to: Washington Township
2. Current Rabies Vaccination Certificate

**NEW JERSEY STATE LAW REQUIRES THAT ALL RABIES CERTIFICATION
MUST BE VALID THROUGH NOVEMBER 1st OF THE LICENSE YEAR.**