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.

OWNER SUBJECT TO FINE FOR DOGS THAT ARE NOT PROPERY LICENSED.