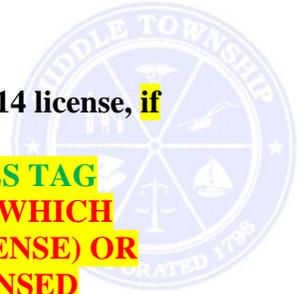


**2015**  
**DOG LICENSE**  
INSTRUCTIONS



1. **YOU MUST COMPLETE THIS FORM** and enclose copy of 2014 license, **if available**
2. Provide **WRITTEN PROOF** of valid rabies vaccination. **RABIES TAG INFO IS NOT ACCEPTABLE. (\*RABIES VACCINATIONS, WHICH EXPIRE ON OR BEFORE OCTOBER 31, 2015 (1 YEAR LICENSE) OR OCTOBER 31, 2017 (3 YEAR LICENSE), CANNOT BE LICENSED WITHOUT AN UPDATED RABIES VACCINE.)**
3. Provide proof of spayed or neutered dog \*
4. Enclose a check made payable to:  
Township of Middle
5. 

<b>SPAY/NEUTERED</b>	<b>NOT SPAYED/NEUTERED</b>
<b>\$8.20</b> (1 YEAR LICENSE)	<b>\$11.20</b> (1 YEAR LICENSE)
<b>\$24.60</b> (3 YEAR LICENSE)	<b>\$33.60</b> (3 YEAR LICENSE)
6. Mail the application to:  
Middle Township  
33 Mechanic Street  
Cape May Court House, NJ 08210 ATTN: Dawn Stimmel
7. Application should be submitted prior to **JANUARY 31, 2015.**
8. If you have any questions, please call 465-8732

**PLEASE DO NOT TEAR APPLICATION IN HALF**

HAS DOG BEEN PREVIOUSLY LICENSED IN MIDDLE TWP? \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

(Please Print Email Address Legibly)

DOG'S NAME: \_\_\_\_\_ BREED: \_\_\_\_\_ AGE: \_\_\_\_\_

HAIR: SHORT \_\_\_\_\_ MEDIUM \_\_\_\_\_ LONG \_\_\_\_\_ COLOR \_\_\_\_\_

SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ SPAYED OR NEUTERED: YES \_\_\_\_\_ NO \_\_\_\_\_

RABIES EXPIRATION DATE: \_\_\_\_\_ RABIES TAG # \_\_\_\_\_

**MAKE A DIFFERENCE! Have your animal neutered or spayed.**  
Middle Township, 33 Mechanic Street, Cape May Court House, NJ 08210  
I would like to donate to MT Spay Neuter Fund  
\_\_\_\_\_.80    \_\_\_\_\$1.    \_\_\_\_\$5.    \_\_\_\_Other