

2017  
**DOG LICENSE**  
INSTRUCTIONS



- 1. YOU MUST COMPLETE THIS FORM** and follow instructions below, paying particular attention to Item #2 below.
- 2. Provide WRITTEN PROOF of valid rabies vaccination. RABIES TAG INFO IS NOT ACCEPTABLE. (\*RABIES VACCINATIONS, WHICH EXPIRE PRIOR TO NOVEMBER 1, 2017 (1 YEAR LICENSE) OR NOVEMBER 1, 2019 (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 (1 YEAR LICENSE)</b>	<b>\$11.20 (1 YEAR LICENSE)</b>
<b>\$24.60 (3 YEAR LICENSE)</b>	<b>\$33.60 (3 YEAR LICENSE)</b>
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, 2017.
8. If you have any questions, please call 465-8732
- 9.

**FREE RABIES CLINIC, SATURDAY, JANUARY 28, 2017 FROM 2 TO 3 PM AT THE MLK CENTER, 207 W MAIN ST., WHITESBORO**

**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**