

# **\*\*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 **NEW 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 an 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.**

Owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Breed \_\_\_\_\_ Sex \_\_\_\_\_

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# \_\_\_\_\_