

# BOROUGH OF WEST CAPE MAY

## APPLICATION FOR NEW JERSEY DOG LICENSE (Licenses are valid from January 1<sup>st</sup> through December 31<sup>st</sup> of each year)

**Proof of Rabies Vaccination MUST be shown at time of application  
(Vaccination must be through October of current year)**

Application Date: \_\_\_\_\_

### **Owner Information:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

West Cape May, New Jersey 08204

Mailing Address: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_

Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### **Dog Information:**

Sex: \_\_\_\_\_ Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Hair (short/long): \_\_\_\_\_

Color & Markings: \_\_\_\_\_ Name: \_\_\_\_\_

Address at which dog will be kept, if different: \_\_\_\_\_

Spayed/Neutered (Yes/No): \_\_\_\_\_

#### **License Fees:**

Spayed/Neutered	\$18.00
Unspayed/Unneutered	\$21.00

Application, Fee & Proof of Rabies  
should be returned to:

**Borough of West Cape May  
Attn: Clerk's Office  
732 Broadway  
West Cape May, New Jersey 08204**