



**Dog License Application**  
Tewksbury Township  
169 Old Turnpike Road, Califon, NJ 07830  
908-439-0022 Ext. 727 Fax 908-439-0034  
website [www.tewksburytpw.net](http://www.tewksburytpw.net)



As per New Jersey State Law and Township Ordinance, all dogs over seven months old residing in New Jersey, must be licensed. Please notify the dog registrar if your dog is deceased or no longer living in the Township.

**LICENSE FEE: Spayed or Neutered Dogs \$10.00 Un-altered Dogs \$13.00**

*EXCEPTIONS – Service Dogs shall be licensed in the same manner as other dogs, except that owners shall not be required to pay fee.*

**LATE FEE:** \$5.00 per month, per dog, as of March 1<sup>st</sup> (not applicable for registration of new dogs)

- All dog licenses expire on December 31 and are renewed each year during the month of January.
- Rabies certificate **must be** valid through November 1 of the current year. License will not be issued without a valid certificate.
- License must be issued in the name of an adult member of the household.
- No dogs are permitted to run at large. Owners may be subject to a fine.
- Return the completed application, certificates (if applicable) and check made payable to **TEWKSBURY TOWNSHIP** in the appropriate fee along with a self-addressed stamped envelope.

For information on free local rabies clinics held throughout the County, visit [www.co.hunterdon.nj.us/177/Rabies-Control](http://www.co.hunterdon.nj.us/177/Rabies-Control)  
For information on NJ Animal Cruelty Laws, visit [www.state.nj.us/health/vph](http://www.state.nj.us/health/vph)

Name of Dog \_\_\_\_\_ Breed \_\_\_\_\_

Fur Coat: Short \_\_\_ Med \_\_\_ Long \_\_\_ Color \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Spayed / Neutered: Yes / No \* (All new registrations must attach proof)

Rabies Expiration Date \_\_\_\_\_ \* A current, valid rabies certificate **MUST** be attached if licensing for the first time **OR** if the certificate has been updated since the last renewal.

Veterinarian Name & Telephone No. \_\_\_\_\_

Microchip Number if Applicable \_\_\_\_\_

Name of Owner(s) \_\_\_\_\_

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

Physical Address \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Email Address \_\_\_\_\_