

## Dog License Application

**Return to: Cape May City of Cape May  
643 Washington Street  
Cape May, NJ 08204**

**PLEASE PRINT ALL THE REQUIRED INFORMATION IN THE SPACE PROVIDED**

**Pet Name** \_\_\_\_\_ **Vet. Name** \_\_\_\_\_

**Rabies Exp. Date** \_\_\_\_\_ **\*Rabies Cert. Required** \_\_\_\_\_

**Age** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Hair – Short Med. Long (Circle One)**

**Spayed/Neutered Yes No (circle one) \* If this is your first license or the dog has altered since your last license, a certification from the Vet is required.**

**Breed** \_\_\_\_\_ **Color** \_\_\_\_\_

**Owner's Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Business/Other #** \_\_\_\_\_

**Fee: \$8.20 if Spayed/Neutered (Vet. Proof Cert. Required)  
\$11.20 Non Spayed**

Any questions concerning the completion of this form, call (609) 884-9529