

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