

CITY OF CAPE MAY
Dog License Application

PLEASE PRINT ALL THE REQUIRED INFORMATION IN THE SPACE PROVIDED

Pet Name _____ **Vet. Name** _____

Rabies Expiration Date _____ **Rabies Certificate is Required**

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

Spayed/Neutered: Yes ____ **No** ____ **(Circle One)** * If this is your first license or the dog was 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 #: _____ **Email:** _____

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

If you have any questions concerning the completion of this form, please call (609) 884-9534 or (609) 884-9529.

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