



Ewing Township

HEALTH DEPARTMENT, 2 JAKE GARZIO DRIVE, EWING, NJ 08628 P: 609-883-2900 EXT. 7691 F: 609-883-0215

Please complete your renewal on or before July 31st. Late fees will be assessed beginning August 1st, per Ewing Municipal Code.

INSTRUCTIONS FOR NEW / RENEW:

Complete and return the form below with the necessary fees and documentation to the address above. You may also apply for your license in person at Health Department between the hours of 8:30 A.M. to 4:30 P.M. on weekdays.

*NEW JERSEY STATE LAW REQUIRES THAT YOUR DOG HAVE RABIES PROTECTION THROUGHOUT THE ENTIRE LICENSE YEAR. To ensure that this protection is provided, the Township must get a copy of that proof for their records at the time you apply for the first time. The rabies shot certificate must NOT EXPIRE before April 1st – SO READ IT CAREFULLY. It must also have been signed by a LICENSED veterinarian.

**A Rabies Shot Certificate that expires before APRIL 1st will require that your dog get a booster shot extending immunization protection for 1 or 3 years. You may contact your personal veterinarian to arrange for this or you may attend one of the Annual Free Rabies Inoculation Clinics sponsored by the Ewing Health Department (883-2900 ext. 7619)

Spayed or Neutered – Send in Spay or Neuter ***Documentation obtained from your Veterinarian with NEW/RENEWAL form and appropriate payment (unless already on file).

****All original documentation sent as proof (Rabies Certificate, Spaying or Neutering Certificate) will be returned****

[] Check here if you no longer own a dog that was previously licensed or if you moved

Fees: SPAYED or NEUTERED **\$12.20** per dog
NOT SPAYED or NOT NEUTERED **\$15.20** per dog

Date: _____

[] NEW LICENSE OR RENEWAL LICENSE [] RABIES EXPIRES: _____

Name of Dog Owner _____

Street Address _____ Zip Code _____

PHONE # _____ EMAIL _____

Dog Size: Small _____ Medium _____ Large _____

Hair Length: _____ Short _____ Medium _____ Long

Name: _____ Sex: M/F Age: _____ Altered: Y/N

Breed: _____ Color / Markings: _____

Veterinarian Name: _____

FOR OFFICIAL USE ONLY:

Check [] Check # _____ Amount \$ _____

CC [] Credit Card # _____ Amount \$ _____

Cash [] Amount \$ _____