



West Windsor Township

Phone Number: 609-936-8400

Health@westwindsortwp.com * www.westwindsornj.org

DOG LICENSE RENEWAL APPLICATION

Conditions of Application:

- 1. Please provide us with updated changes
- 2. Township Code requires that all cats be licensed and have a current tag affixed to a collar or harness.
- 3. Rabies vaccinations which expires prior to November 1st of each year MUST be updated.
 - A copy of the new rabies certificate must be submitted along with this application.
 - **New applicants** must fill out a new owner or new resident application.
- 6. If the pet is ALTERED: spayed /neutered, written documentation from a veterinarian must attached to application.
- 7. Once validated, this Dog License will expire on December 31st of each year.
- 8. No Dogs are permitted to run at large. Owners found in violation will be subject to fines.

Payment Information:

- Renewals issued after April 30th are charged a \$2.00 late fee per month. How much do I owe?
- Return renewal Application & Payment with supporting documents to: West Windsor Township, Health Department
 271 Clarksville Road West Windsor, NJ 08550
- Fees payable by Check, Cash or money order
- Separate checks are required for each pet license
- Licensing fees are waived for Seeing Eye, Hearing Ear and Disability Service Dog.

Pet Owner's Name:	Last License #:
Address:	City & Zip Code:
Phone Number.	Emergency Number.
Email:	Spay/Neutered (Y/N)
Dog's Name: Sex: M	F Dog's Birthday/ Age:
Hair: Long Medium Short Br	reed:
Color/Markings: Rabies	s Expiration date:/
Veterinarian's Name and number:	
OWNER CERTIFICATION:	
I certify that the information provided herein is true	e to the best of my knowledge.
Owner Signature	