



West Windsor Township

271 Clarksville Road, West Windsor, NJ 08550 * Tel. (609) 936-8400
Health@westwindsortwp.com * www.westwindsonnj.org

DEPARTMENT OF HUMAN SERVICES
Division of Health

DOG LICENSE APPLICATION

West Windsor Township Ordinance requires that all dogs over 7 months of age be licensed, including indoor-only dogs. The fee for this license is **\$10.00** for a spayed/neutered dog and **\$13.00** for a non-spayed/neutered dog. Renewal of dog licenses are completed every January.

Dog licenses issued after January 31st are charged a **\$2.00** late fee (see table below) per month for every month the license is not renewed. **The late fee does not apply to new pets.**

<u>Late Fee if paid in</u> <u>March</u>	<u>Late Fee if paid in</u> <u>April</u>	<u>Late Fee if paid in</u> <u>May</u>	<u>Late Fee if paid in</u> <u>June</u>	<u>Late Fee if paid in</u> <u>July</u>
Altered Pet - \$14.00 Unaltered Pet - \$17.00	Altered Pet - \$16.00 Unaltered Pet - \$19.00	Altered Pet - \$18.00 Unaltered Pet - \$21.00	Altered Pet - \$20.00 Unaltered Pet - \$23.00	Altered Pet - \$22.00 Unaltered Pet - \$25.00
<u>Late Fee if paid in</u> <u>August</u>	<u>Late Fee if paid in</u> <u>September</u>	<u>Late Fee if paid in</u> <u>October</u>	<u>Late Fee if paid in</u> <u>November</u>	<u>Late Fee if paid in</u> <u>December</u>
Altered Pet - \$24.00 Unaltered Pet - \$27.00	Altered Pet - \$26.00 Unaltered Pet - \$29.00	Altered Pet - \$28.00 Unaltered Pet - \$31.00	Altered Pet - \$30.00 Unaltered Pet - \$33.00	Altered Pet - \$32.00 Unaltered Pet - \$35.00

Separate checks are required for each pet licensed. Complete the registration form and return with the appropriate fee and required attachments. Initial dog license applicants shall **include spaying/neutering documentation** from a veterinarian if applicable.

License registration and payment may be submitted (cash or check only):

West Windsor Township, Health Department, 271 Clarksville Road, West Windsor, NJ 08550

Initial Renewal Last License No. _____

Pet Owner's Name: (First Name) _____ (Last Name) _____

Address: _____ City & Zip Code: _____

Phone Number: _____ Emergency Number: _____

Email: _____

Dog's Name: _____ Sex: M F Dog's Birthday ____/____/____ Age: ____

Hair: Long Medium Short Breed: _____

Color/Markings: _____ Rabies Expiration date: ____/____/____

Veterinarian: _____

1. **Important Note:** Rabies Vaccination must be **valid through November 1st** of the licensing year for each dog being licensed **{Remember to Enclose Proof}**

2. Spayed / Neutered: Yes No Date: ____/____/____

Please circle one, if applicable: I certify that my pet is a Service Animal / Seeing Eye / Hearing Ear

I certify that the information provided herein is true to the best of my knowledge.

Signature: _____ Date: ____/____/____