

**Township of Ewing Municipal Clerk's Office**

Kim Macellaro, CMC  
Municipal Clerk

2 Jake Garzio Drive  
Ewing, NJ 08628

PHONE: (609)538-7609  
FAX: (609)771-0480

Dog License New / Renewal Notice

Please complete your renewal on or before July 31<sup>st</sup>. Late fees will be assessed beginning August 1<sup>st</sup>, 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 the Office of the Municipal Clerk 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 1<sup>st</sup> – SO READ IT CAREFULLY. It must also have been signed by a LICENSED veterinarian.

\*\*A Rabies Shot Certificate that expires before APRIL 1<sup>st</sup> 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\*\*\***

Date: \_\_\_\_\_

Fees: SPAYED or NEUTERED **\$12.20** per dog

NOT SPAYED or NOT NEUTERED **\$15.20** per dog

[ ] NEW LICENSE OR RENEWAL LICENSE [ ] RABIES EXPIRES: \_\_\_\_\_

Name of Dog Owner \_\_\_\_\_

Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

Hair Length: Short/ Medium/ Long Dog Size: Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_

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 \$ \_\_\_\_\_