



You couldn't pick a better place.

Mayor Susan Shin Angulo

Township Clerk Nancy L. Saffos

PET LICENSE APPLICATION

Please Print

Type: [] Dog [] Cat

Table with columns: INITIAL LICENSE, LICENSE RENEWAL, LICENSE RENEWAL (Late) and rows for NEUTERED and NOT NEUTERED.

OWNER INFORMATION

First Name _____ Last Name _____

Address _____ Zip Code _____

Phone _____ Email _____

Has pet been previously licensed in Cherry Hill? [] YES [] NO

PET INFORMATION

Name _____ Age _____

Sex: [] Male [] Female Hair: [] Short [] Medium [] Long

Breed _____ Color _____

Date of Rabies Expiration ____/____/____ Is Pet Neutered or Spayed? [] YES [] NO

**PLEASE ATTACH COPY of current Rabies Vaccination Certificate (DO NOT send original) **

Signature _____ Date _____

VETERINARIAN INFORMATION (Name, Address & Phone)

Name _____

Address _____ Phone _____

PLEASE ENCLOSE:

- 1. Check or money order, made payable to the "Township of Cherry Hill"
2. COPY of current Rabies Vaccination Certificate (please DO NOT send original certificate)

NEW JERSEY STATE LAW REQUIRES THAT ALL RABIES CERTIFICATION MUST BE VALID THROUGH NOVEMBER 1st of the license year. If the certificate is not valid through November 1st, the license cannot be processed.

FOR OFFICE USE ONLY

[] INITIAL LICENSE [] LICENSE RENEWAL [] LICENSE RENEWAL (late)

License No. _____ Received by _____

Date Received _____ Amount Paid \$ _____ Receipt No. _____