

BOROUGH OF JAMESBURG

All dog and cat licenses are to be renewed January of each year. All dogs and cats seven (7) months of age or older, kept in the Borough of Jamesburg, are required to be licensed.

Dog and cat licenses may be obtained in person at the Borough Hall or by mail with the following documentation:

1. Rabies vaccination certificate if first time licensing the animal or new if a new vaccination was received.
2. If a new licensee or if newly spayed/neutered, veterinarian's documentation of the animal being spayed or neutered.
3. Check or money order in the appropriate amount (see below), made payable to the Borough of Jamesburg. After March 31, 2012, be sure to include the \$10.00 late fee.

****IF YOU DO NOT RENEW YOUR ANIMAL'S LICENSE by 3/31/12, YOU WILL BE ASSESSED A LATE FEE OF \$10 & ISSUED A SUMMONS****

If renewing by mail, please send with all the appropriate documentation and a self addressed, stamped envelope, to:

(Original certificates, will be returned)

**BOROUGH OF JAMESBURG
ANIMAL LICENSING
131 PERRINEVILLE ROAD
JAMESBURG, NJ 08831**

FEES FOR LICENSES:

DOGS /CATS

Spayed/ Neutered \$ 12.20/ \$ 10.00

Non-Spayed/Neutered \$17.20/ \$ 14.00

Be advised that a \$10.00 late charge will be assessed on licenses after March 31, 2012.

The free rabies clinic will take place March 10, 2012 from 1:00 p.m. to 2:00 p.m. for cats and from 2:00 p.m. to 3:30 p.m. for dogs, and from 3:30 p.m. to 4:00 p.m. for either cats or dogs, at the Jamesburg Firehouse, 82 West

Railroad Ave., Jamesburg. Applications for licenses may be submitted at the clinic. Due to the computerization of the

licenses, licenses will be mailed to you after the clinic. **FEES ARE PAYABLE BY EXACT CHANGE, CHECK OR MONEY ORDER ONLY.**

***** IF ANIMAL IS DECEASED, OR NO LONGER OWNED, CHECK HERE AND RETURN _____**

License for: Dog ____ Cat ____

Name of Owner: _____

Address: _____ Phone: _____

Sex: M or F Breed: _____ Age: _____ Hair: S M L (circle one)

Colors & Markings _____ Name of Animal _____

Rabies vaccination (COMPULSORY) – Vaccination expires _____
(Documentation must be provided if different than expiration date on mailing label)

Spayed / Neutered: yes ____ no ____ When: _____ By: _____
(Provide documentation if new)