

BOROUGH OF JAMESBURG

All dog and cat licenses are to be renewed January of each year. All dogs and cats (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 license 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, 2020, be sure to include the \$10.00 late fee: failure to comply will result in a summons being issued!

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

**BOROUGH OF JAMESBURG
CLERK'S OFFICE – ANIMAL LICENSING
131 PERRINEVELLE ROAD
JAMESBURG, NJ 08831**

FEES FOR LICENSES

	<u>DOGS</u>	<u>CATS</u>
<u>Spayed/Neutered</u>	\$14.00	\$12.00
<u>Non-Spayed/Neutered</u>	\$19.00	\$17.00

After March 31, 2020 be sure to include the \$10.00 late fee: failure to comply will result in a summons being issued!

The free rabies clinic will take place March 14, 2020 from **1:00 pm to 2:00 pm for cats and from 2:00 pm to 3:30 pm for dogs, and from 3:30 pm to 4:00 pm for either cats and 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 _____

Surgically Debarked: Yes _____ No _____

Name of Owner: _____

Address: _____ Phone: _____

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

Colors & Markings _____ Name of Animal _____

Rabies Vaccination (COMPULSORY) – Vaccine Expires _____
(Documentation **must** be provided if different than expiration date on mailing label)

Spayed/Neutered: yes _____ No _____ When: _____
(provide documentation if new) By: _____