

SANDYSTON TOWNSHIP 2020 DOG LICENSE

It's that time of the year again, and dog licenses will be issued after January 1, 2020. If your dog's rabies shot has expired, we will be unable to issue a license until proof of rabies vaccination is presented with an expiration date of at least November 1, 2020.

The fees are:

Regular License.....	\$10.00
Additional fee for any dog(s) NOT spayed or neutered	\$ 3.00*
TOTAL FEE FOR UNALTERED DOG(S)	\$13.00

*In order to avoid the additional \$3.00 fee, it is necessary that a veterinarian's certificate showing proof of spaying/neutering be submitted with your application.

It is strongly advised that you obtain your dog license in a timely manner. **If your dog is eligible for licensing and is not licensed by February 10, 2020, a \$5.00 LATE FEE (PER MONTH) WILL BE ASSESSED and a summons will be issued which involves a court appearance.**

**PLEASE NOTE – DOGS OVER THE AGE OF SIX MONTHS MUST BE LICENSED.
RABIES CERTIFICATION IS MANDATORY PRIOR TO ISSUANCE OF LICENSE.**

Sandyston Township's FREE rabies clinic will be held on Saturday, October 10, 2020, from 10:00 am to 12:00 pm, at the DPW Garage on Maple Lane. Posters with displayed information will be available on our website and social media. Free rabies clinics are held throughout the year at many municipalities – check with the Sussex County Board of Health for more information.

NOTE: IF YOU NO LONGER HAVE A DOG(S), PLEASE CALL 973-948-3520 ext. 200

To obtain your dog's 2020 license, complete **the form below and mail to:**

Sandyston Township
133 Route 645
Sandyston, NJ 07826

Please enclose the following:

- SELF-ADDRESSED STAMPED ENVELOPE
- CHECK PAYABLE TO SANDYSTON TOWNSHIP
- RABIES CERTIFICATE
- PROOF OF SPAYING OR NEUTERING (only send in once)
- COMPLETED FORM!

-----Fill Out & Return Bottom Portion-----

Owner's Name _____

Owner's Mailing Address _____

Street Address _____

Telephone Number _____

Description of Dog _____ Male ___ Female ___

Breed _____

(If mixed, list the predominant breed, i.e.: German Shepherd Mix)

Age _____ Hair: Long ___ Short ___ Medium ___

Color & Markings _____

Date of Spaying/Neutering _____ by _____

(proof enclosed)

Dog's Name _____ CHIP # _____

Is dog kept at different address? If so, please provide address:

THANK YOU FOR YOUR COOPERATION!