



Borough of Cape May Point
215 Lighthouse Avenue
P.O. Box 490
Cape May Point, NJ 08212

Elaine L. Wallace, RMC, CMR
Municipal Clerk

2019 DOG LICENSE APPLICATION

This License Expires January 31, 2020

You must bring proof of rabies vaccination valid through October 31st of the licensing year.

Owner Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *P.O. Box #*

Cape May Point **NJ** **08212**
City *State* *ZIP Code*

Dog Information

Name: _____ Breed: _____

Color/Markings: _____ Age: _____

Spayed/Neutered: _____ Sex: _____

Licensing Information (Office Use Only)

Tag No.: _____ Date Issued: _____

License Fee: **\$18.20** (*includes \$1.20 state charge*)

Surcharge: **\$3.00** (*if unsprayed/unneutered*) Total Paid: **\$18.20 or \$21.20**

Rabies Vaccine #: _____ Expiration: _____

Issued by: _____
Printed Name *Signature*