



BOROUGH OF HADDON HEIGHTS  
MUNICIPAL BUILDING  
625 STATION AVENUE  
HADDON HEIGHTS, NJ 08035  
WWW.HADDONHTS.COM  
PHONE: 856-547-7164 • FAX: 856-547-5259



## PET LICENCE FORM

Dear Pet Owner,

If you are coming in to get a new pet license or to renew a license, please bring a current proof of your pet's rabies vaccination with you along with the fee (cash or check). **\*VACCINATION MUST BE GOOD THROUGH NOVEMBER 1<sup>st</sup> of the current year.** We will be unable to issue the license if the Vaccination expires before November 1<sup>st</sup> date. This is a state regulation, you can find more information on the State of NJ's website. We recommend contacting your vet if you have questions about changing the timing of your pet's vaccination.

We hold a free Rabies Vaccination Clinic at the end of April. You can check the Borough's website [www.haddonhts.com](http://www.haddonhts.com) for information as spring approaches. If your pet is in need of updating their vaccination, you can attend free of charge. Both residents and non-residents are welcome. Residents will also be issued their updated pet license(s) at the event.

**DOGS:** \$12.00 NON-NEUTERED/SPAYED  
\$9.00 NEUTERED/SPAYED

**CATS:** \$12.00 NON-NEUTERED/SPAYED  
\$9.00 NEUTERED/SPAYED

**To avoid a late fee of \$10.00 you must obtain your dog /cat license on or before June 30.**

*(Unless it is a new pet, in which the late fee would then be waved)*

If you are renewing by mail, please fill in the following information and send it to us along with a self-addressed, stamped envelope. We will return the tag and license at our earliest convenience.

**PLEASE MAKE CHECK PAYABLE TO: BOROUGH OF HADDON HEIGHTS**

**NOTE: PLEASE ATTACH COPY OF CURRENT RABIES CERTIFICATE**

OWNER'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Please Circle: CAT / DOG PET'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

COLOR: \_\_\_\_\_ SEX: \_\_\_\_\_ BREED: \_\_\_\_\_ SPAYED? \_\_\_ NEUTERED? \_\_\_

PET SIZE: *Small / Medium / Large* HAIR: *Short / Medium / Long* MOVED/DECEASED \_\_\_

VET: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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OWNER'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Please Circle: CAT / DOG PET'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

COLOR: \_\_\_\_\_ SEX: \_\_\_\_\_ BREED: \_\_\_\_\_ SPAYED? \_\_\_ NEUTERED? \_\_\_

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PET SIZE: *Small / Medium / Large* HAIR: *Short / Medium / Long* MOVED/DECEASED \_\_\_

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