



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 1st of the current year.** We will be unable to issue the license if the Vaccination expires before November 1st 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 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: _____

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: _____

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: _____
