



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



February 21, 2024

Dear Pet Owner,

It is the time of year that we remind our residents of the annual renewal of cat and dog licenses. Licenses must be obtained on or before **Friday, June 28, 2024**. As such, we are asking for your cooperation in the renewal process. Please follow the instructions below to ensure the renewal of your pet(s) license:

Please provide current proof of your pets' rabies vaccination along with the appropriate fee below (cash or check). **VACCINATION MUST BE GOOD THROUGH NOVEMBER 1, 2024.** We will be unable to issue the license if the vaccination expires prior to November 1, 2024, as per New Jersey state regulation. We recommend contacting your vet if you have questions about changing the cycle of your pet's vaccination.

We will hold a Free Rabies Vaccination Clinic on Saturday, April 27, 2024 (8:30 am - 9:30 am). Both residents and non-residents are welcome. Residents will also be registered for their 2024 pet license(s) at the Clinic, then licenses and tags will be mailed directly to your home. Please check the Borough's website www.haddonhts.com for information as the spring season approaches.

DOGS & CATS: \$10.00 NEUTERED/SPAYED
 \$13.00 NON-NEUTERED/NON-SPAYED

To avoid a late fee of \$10.00, you must obtain your animal license on or before June 28, 2024.

If you are renewing by mail, please complete the following information and return it with your current rabies certificate to the Borough of Haddon Heights at 625 Station Avenue, Haddon Heights, NJ 08035. **PLEASE MAKE CHECK PAYABLE TO: THE BOROUGH OF HADDON HEIGHTS**

More than one pet? Please see the additional space on back of the form to fill in each animal's information.

ANIMAL MOVED/DECEASED

Please Circle: CAT / DOG PET'S NAME: _____ AGE/BIRTHDATE: _____

OWNER'S NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

BREED: _____ ANIMAL SIZE: SML / MED / LRG HAIR LENGTH: SHORT / MED / LONG

SEX: MALE / FEMALE COLOR: _____ SPAYED/NEUTERED: YES / NO IF YES, DATE: _____



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



ANIMAL MOVED/DECEASED

Please Circle: CAT / DOG PET'S NAME: _____ AGE/BIRTHDATE: _____

OWNER'S NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

BREED: _____ ANIMAL SIZE: SML / MED / LRG HAIR LENGTH: SHORT / MED / LONG

SEX: MALE / FEMALE COLOR: _____ SPAYED/NEUTERED: YES / NO IF YES, DATE: _____

ANIMAL MOVED/DECEASED

Please Circle: CAT / DOG PET'S NAME: _____ AGE/BIRTHDATE: _____

OWNER'S NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

BREED: _____ ANIMAL SIZE: SML / MED / LRG HAIR LENGTH: SHORT / MED / LONG

SEX: MALE / FEMALE COLOR: _____ SPAYED/NEUTERED: YES / NO IF YES, DATE: _____

ANIMAL MOVED/DECEASED

Please Circle: CAT / DOG PET'S NAME: _____ AGE/BIRTHDATE: _____

OWNER'S NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

BREED: _____ ANIMAL SIZE: SML / MED / LRG HAIR LENGTH: SHORT / MED / LONG

SEX: MALE / FEMALE COLOR: _____ SPAYED/NEUTERED: YES / NO IF YES, DATE: _____