

**Fee Schedule (including Late Fees)**

Month	Licensing Fee Per Spayed or - Neutered Cat/Dog	Licensing Fee Per Non-Spayed or - Neutered Cat/Dog
January	\$8.00	\$11.00
February	\$13.00	\$16.00
March	\$18.00	\$21.00
April	\$23.00	\$26.00
May	\$28.00	\$31.00
June	\$33.00	\$36.00
July	\$38.00	\$41.00
August	\$43.00	\$46.00
September	\$63.00	\$66.00
October	\$63.00	\$66.00
November	\$63.00	\$66.00
December	\$63.00	\$66.00

\*All applications must be accompanied by a copy of a valid Rabies Certification or other document from veterinarian showing proof of rabies vaccination with an expiration date after October 31st of the license year. Any documents sent in with application WILL NOT be returned.

\* Duplicate tags/licenses can be obtained for \$1.00 per tag/license.

\*An additional delinquent discovery fine of \$50.00 per animal will be assessed for unlicensed cats or dogs found by the Animal Census Coordinator during the cat/dog census. Court fines may apply if not licensed before September 1<sup>st</sup>.

\*Please advise us if you no longer have your animal so we may update our records.

Please detach the lower portion of this sheet and return along with your check, proof of rabies vaccination and a self-addressed, stamped envelope. Do not mail cash.

**Dog/Cat Licensing Official  
405 Mine Road  
Asbury, NJ 08802**

# TOWNSHIP OF BETHLEHEM

Application for a Dog/Cat License for the Year 20\_\_\_\_\_ (Please complete a separate application for each animal)

**Circle one:** DOG CAT

**Circle one:** New Renewal

**Owner Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_, NJ \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**Name of Dog/Cat:** \_\_\_\_\_

**Seeing or Hearing Animal?:** Yes No

**Sex:** M F **Circle one:** Spayed/Neutered Intact

**Age:** \_\_\_\_\_ / \_\_\_\_\_ **Date Obtained** \_\_\_\_\_ / \_\_\_\_\_  
Years Months Month Year

**Breed:** \_\_\_\_\_ **Color/Markings:** \_\_\_\_\_

**Hair Type (circle one):** Short-haired Medium-haired Long-haired

**Debarked? (dogs only):** Yes No **Microchip ID Number (if applicable):** \_\_\_\_\_

**I attest that the information I have provided above is truthful and accurate to the best of my knowledge:**

Licensing Fee \_\_\_\_\_ **Pmt Type:**  
Late Penalties \_\_\_\_\_  Cash  Check  
Total \_\_\_\_\_ Check Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_