

City of Burlington

2024 Dog License Application



Spayed/Neutered-\$8.00
Non-spayed/Non-neutered - \$11.00

Owner must have the following documents. (1) *Current rabies* vaccination certificate valid through **November 30, 2024 and (2) a certificate if spayed or neutered. An exemption to the rabies inoculation requirement shall be granted if the owner presents written certification from a licensed veterinarian that the dog cannot be vaccinated due to a medical condition or course of therapy.**

A late fee of \$15 per dog is charged for licenses issued after February 29, 2024.

NJ State Statutes, 4:19-15.2, 2a, 4, requires all dogs 7 months of age or older to have a rabies vaccination and be licensed in the municipality where the dog(s) are housed.

Rabies Vaccination Must Be Valid Through November 30, 2024

To Register or renew by mail:
Complete the application and make check or money order payable to Burlington City. Include the rabies expiration date, spayed/neutered certificate, and a self-addressed stamped envelope and mail to:

**Burlington City Hall
525 High St.
Burlington, NJ 08016
Attn: Brenda Marks
Questions call:
609-386-0200 Ext. 137**

**City of Burlington
Dog License Application**

Owner: _____

Address: _____

Phone #: _____

Email: _____

Dog's Name: _____

Breed: _____

Dog's Sex: Male Female

Age: ____ Color _____

Hair: Short Medium Long

Spayed/Neutered: Yes No

Veterinary: _____

Rabies Expiration Date: _____

Must be valid through 11/30/2024

**City of Burlington
Dog License Application**

Owner: _____

Address: _____

Phone #: _____

Email: _____

Dog's Name: _____

Breed: _____

Dog's Sex: Male Female

Age: ____ Color _____

Hair: Short Medium Long

Spayed/Neutered: Yes No

Veterinary: _____

Rabies Expiration Date: _____

Must be valid through 11/30/2024

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Owner: _____

Address: _____

Phone #: _____

Email: _____

Dog's Name: _____

Breed: _____

Dog's Sex: Male Female

Age: ____ Color _____

Hair: Short Medium Long

Spayed/Neutered: Yes No

Veterinary: _____

Rabies Expiration Date: _____

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