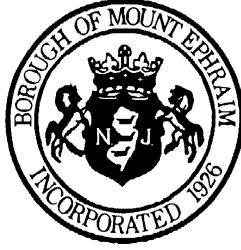


BOROUGH OF MOUNT EPHRAIM

MICHAEL "TRAZ" TOVINSKY,
Mayor, *Public Works Director*

GEORGE GIES
Comm., Public Safety Director

JOSEPH WOLK
Comm., Finance & Admin. Director



121 S. Black Horse Pike
Mt. Ephraim, New Jersey 08059
Phone: (856) 931-1546
Fax: (856) 931-5167

TERRY SHANNON
Borough Clerk

DOROTHEA JONES
Tax Collector

Dear Pet Owner:

Please be advised that all dogs in the Borough of Mount Ephraim must be licensed. We need proof of current rabies vaccination in order to issue a license. The fee is \$18.00 for a spayed/neutered animal and \$21.00 for a non-spayed/neutered animal. Checks are made payable to the Borough of Mount Ephraim. The licensing period is now October 1 through September 30 and will continue on that scheduled going forward. There is a grace period until November 30 after which a \$20.00 late fee will be added. Any dog not licensed by November 30 will receive a court summons.

Complete the form below and you can either mail or put in our payment drop-box along with proof of rabies vaccination and payment. Your license and tag(s) will be mailed back to you. Your dog must have a current rabies certificate.

THE RABIES CLINIC WILL BE SATURDAY, SEPTEMBER 19 FROM 8AM-10AM AT THE DOUGHERTY CENTER ON STATION AVENUE. MASKS ARE REQUIRED AND SOCIAL DISTANCING WILL BE PRACTICED.

You can pay for your license(s) at the clinic by check if you would like and we will mail your license and tag to you afterwards. We cannot issue the license at the clinic but we will accept payments by check only—no cash. All revenue raised from pet licensing is used for animal control costs including the rabies clinic, the services of the animal control officer and animal shelter services. Funds are also used for the T-N-R program for feral cats and are used to pay for spaying/neutering at a low-cost clinic.

Thank you.

Terry Shannon

Terry Shannon
Municipal Clerk

Owner's first and last name: _____

Address: _____ Phone: _____

Email address: _____

Pet name: _____ Breed: _____

Hair type: Short _____ Medium _____ Long _____ Tattoo/Microchip: _____

Spayed/Neutered? Yes _____ No _____ Spayed/Neutered: Yes _____ No _____

Size: Small _____ Medium _____ Large _____ Spay/neuter date: _____

Sex: Male _____ Female _____ Veterinarian: _____

Birth date: ** _____ Vet's phone: _____

Rabies expiration date: _____ Guide/assistance dog: Yes _____ No _____

***If actual birthdate is unknown, please approximate month and year*