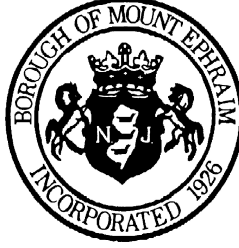


# BOROUGH OF MOUNT EPHRAIM

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*

KIMBERLY BEEBE  
*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.

**ALL LICENSES EXPIRE SEPTEMBER 30. YOU CAN COME IN TO BOROUGH HALL TO RENEW YOUR DOG LICENSE IN OCTOBER OF 2023.**

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: \_\_\_\_\_

Colors/Markings \_\_\_\_\_ 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*