

# **TOWNSHIP OF MIDDLETON**

**(Mailing Address) Health Department, Animal Control  
1 Kings Highway, Middletown, NJ 07748  
OFFICE LOCATION: 180 Main St., Pt. Monmouth, NJ 07758**



Organized December 14, 1667  
**“Pride in Middletown”**

**CERTIFICATE OF RABIES MUST NOT EXPIRE PRIOR TO OCTOBER OF THE**  
**LICENSING YEAR FOR DOGS. CATS RABIES SHOTS MUST BE VALID ON THE**  
**DAY OF APPLICATION FOR YOUR LICENSE. BOTH MUST BE SUBMITTED WITH**  
**THIS APPLICATION ALONG WITH SPAYING/NEUTERING DOCUMENTATION**  
**AND DEBARKING DOCUMENTATION IF NECESSARY**

**FEES FOR LICENSES:** Altered pets: \$20.00 (proof must be provided) Non-altered: \$25.00  
There will be a late fee for any dog not renewed by January 31st, and any cat not renewed by the September 30th.

**LATE FEES DO NOT APPLY TO NEW PET LICENSES**

Questions may be directed to the Health Department via telephone: 732-615-2097

E-mail: Wdoherty@middletownnj.org

Please make the check payable to the Township of Middletown. Please include rabies certification, alteration documentation (if applicable), along with the completed application and mail to:

**Animal Control  
1 Kings Highway  
Middletown, NJ 07748**

**Dog:** \_\_\_\_\_ **Cat:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_ **Spayed/Neutered:** Yes \_\_\_\_\_ No \_\_\_\_\_

**New License:**  **Renewal:**  **License Number:**  **Debarked:** Yes  No

**Pet's Name:** \_\_\_\_\_ **Hair:** Long: \_\_\_\_\_ **Med:** \_\_\_\_\_ **Short:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Color and Markings:** \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_

**Resident Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_

**Date of Application**

---

**Applicant Signature – MUST BE 18 YEARS OLD**

Save a Life, Save A Neighborhood, Save Taxes – Volunteer!