

MAYOR
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TOWNSHIP
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Township Administrator
Brandon E. Umba

CFO
Robin Sarlo

Township Clerk
Debra L. Shaw-Blemings

35 Municipal Drive, Lumberton, NJ 08048
Phone (609) 267-3217 ~ Fax (609) 267-5566

THE STATE OF NEW JERSEY MANDATES ALL DOGS MUST HAVE CURRENT RABIES VACCINATIONS PURSUANT TO NJSA 4:19-15.1 et seq. AND REQUIRES ALL MUNICIPALITIES TO MONITOR SUCH BY THE LICENSING OF DOGS, THEREFORE EVERY DOG OWNER IN LUMBERTON TOWNSHIP MUST LICENSE THEIR PET THIS YEAR AND EVERY YEAR WITHOUT EXCEPTION.

DOG LICENSES are due for renewal prior to JANUARY 31st of each year and may be obtained at the Township Clerk's Office, Monday through Friday, between the hours of 8:00 a.m. and 4:00 p.m.

For your convenience, the application form below may be used to obtain your license by mail. If you choose to use this mail-in application, ENCLOSE A SELF-ADDRESSED STAMPED RETURN ENVELOPE along with your check payable to the Township of Lumberton and a copy of the current rabies certificate. *Please note if you fail to include a return envelope we will not return your license via mail as you will be required to pick-up the license in the Clerk's Office.*

The Dog License fees are as follows:

Spayed/Neutered \$11.20 - or - Non-Spayed/Neutered \$14.20

A "Late Fee" of \$4 will be assessed to any application received after 1/30/2017

Pursuant to NJSA 4:19-15.1 et seq., the Rabies Vaccination Certificate must be valid thru October 30, 2017 or you must obtain a rabies booster shot and new vaccination certificate in order to purchase a license for year 2017. Also, according to Lumberton Township Ordinance there is a maximum of 4 dogs permitted per household.

LUMBERTON TOWNSHIP FREE RABIES VACCINATION CLINIC
Saturday, January 28, 2017 9am-12pm @ Municipal Garage, 34 Municipal Drive

2017 DOG LICENSE APPLICATION

OWNER NAME: _____ PHONE: _____

ADDRESS: _____

DOG SEX: M / F BREED: _____ AGE: _____ HAIR: Short / Medium / Long

COLOR & MARKINGS: _____ DOG NAME: _____

RABIES VACCINATION EXPIRES: _____ (provide copy of new rabies certificate)

SPAYED/NEUTERED DATE: _____ (proof of alteration may appear on rabies certificate)

AFFIDAVIT

I, _____, residing at _____ am the owner of _____.
I swear and upon my oath, state that my dog was spayed or neutered on _____ by
Dr. _____ at _____

IF YOU HAD A DOG LICENSED IN LUMBERTON TOWNSHIP IN 2016 AND NO LONGER HAVE THE DOG, PLEASE CONTACT THE TOWNSHIP CLERK'S OFFICE AT (609) 267-3217 TO UPDATE OUR DATABASE AND AVOID FURTHER NOTICES.