**CITY OF BEVERLY**

**COUNTY OF BURLINGTON**

**NOTICE**

**2017 City of Beverly Free Rabies Clinic for Dogs and Cats**

WHEN: Saturday, January 21, 2017

TIME: 10AM – 12 Noon

WHERE: Beverly City Hall

446 Broad Street

Beverly, NJ 08010

**All Dogs and Cats MUST be on a leash or in a pet carrier.**

For your convenience, Rabies *Certificates* (for pets of both residents and non-residents) and 2017 Beverly City Pet *Licenses/Tags* for pets of Beverly City residents only will be issued during the Clinic.

**REMINDER:**

All Beverly City 2017 Pet Licenses/Tags must be obtained by January 31, 2017 in order to avoid a cumulative $5.00 per month Late Fee.

**MAIL-INS:**

For New Registrations as well as Renewals for 2017, please complete the Registration Form **in full** and return it to the address indicated along with a copy of your current Rabies Certificate **(per State Regulations, the Certificate must be valid through the first ten (10)months of the twelve month licensing period)**, along with your pet’s Neutered/Spayed documentation. Include your check or money order for the correct amount as indicated below, and enclose a self-addressed, stamped envelope for timely return of your 2017 Pet License Tags.

**FEES: Effective January 1, 2017**

Dogs: Spayed/Neutered: $9.00 Non-spayed/Neutered: $12.00

Cats: Spayed/Neutered: 5.00 Non-spayed/Neutered: 8.00

**IMPORTANT**

PAYMENT WILL BE ACCEPTED IN THE **EXACT AMOUNT ONLY** BY CHECK, MONEY ORDER, OR EXACT AMOUNT CASH.

**REMEMBER**

**NO CHANGE WILL BE AVAILABLE THE DAY OF THE CLINIC**.

**MAIL-IN REGISTRATION FORM**

**CITY OF BEVERLY**

**446 Broad Street**

**Beverly, NJ 08010**

**2017 RABIES/LICENSING CLINIC**

**1/21/17 10AM-12Noon**

**Note that this form must be completed IN FULL**

**and received in the Clerk’s Office by 1/31/2017.**

**Please Check:**

Dog \_\_\_\_\_\_\_ -or- Cat \_\_\_\_\_\_

New \_\_\_\_\_\_\_ -or- Renewal \_\_\_\_\_\_

**Please Complete:**

Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hair (Short/Medium/Long): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color/Markings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spayed/Neutered: Yes \_\_\_\_ Date: \_\_\_\_\_\_ -or- No \_\_\_\_

Rabies Vaccination Expires(Enclose copy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner:** **Name, Address, and Phone**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone(Home and Cell):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_