



Annual Dog License Information & Application

Ordinance 2015-43 requires that any person who owns a dog shall in the month of January apply and obtain a license. Licenses must be obtained by January 31st of each year with late fees beginning March 1st.

License Fees

- Spayed or Neutered dogs: \$15.00
- Non-Spayed or Neutered dogs: \$18.00
- Late Fee beginning March 1: \$10.00
- Lost Tag Fee: \$5.00 for each tag

Renewal Options

- o Pay by e-check (\$1.50 transaction fee) or credit card (\$3.00 transaction fee)
- o Go <http://www.sdlportal.com/> (and click on Dog License Registration) or use the SDL Citizen mobile app (and click on menu, Departments, Pet Licensing)
- o A dog license will be mailed to you upon acceptance of the application and receipt of payment

Renew in-person or by mail

- o Pay with cash, money order, or check (made payable to City of Asbury Park)
- o Complete application and return, along with payment and requirements, by:
 - o Mail to City Hall, Attn: Dog License Renewal, City Clerk, 1 Municipal Plaza, Asbury Park, NJ 07712
 - o Drop off at City Hall, City Clerk's office, Monday to Friday, 9am to 5pm
 - o Drop off at City Hall at any time in the after-hours drop box to the left of the main entrance
 - o All applications submitted in-person or by mail must include a self-addressed stamped envelope
 - o The dog license will be mailed to you upon acceptance of the application and receipt of payment

CITY OF ASBURY PARK
ONE MUNICIPAL PLAZA
ASBURY PARK, NEW JERSEY 07712

PHONE: (732) 775-2100
WWW.CITYOFASBURY.PARK.COM



JOHN MOOR, MAYOR
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Requirements

• **Proof of Rabies Vaccination must be provided and cannot expire prior to November of the licensing year. No exceptions can be made without a notarized letter from the veterinarian.**

• To pay the Spayed or Neutered fee, proof of spaying or neutering must be provided at time of the licensing.

Annual Dog License Application Owner Name

Owner Name _____

Owner Address _____

Phone # _____ Email _____

Dog Name _____

Breed _____ Age & Birthdate _____

Hair Length: Long or Short | Sex: Male or Female | Spayed or Neutered: Yes or No

Rabies Shot Administered Date: _____ Rabies Shot Expiration Date: _____

Color and/or Markings _____

Veterinarian Name and Address _____

For questions, contact the City Clerk's office at 732-502-5720.