

THE TOWNSHIP OF MIDDLETOWN DEPARTMENT OF HEALTH

1 Kings Highway, Middletown, New Jersey 07748

732 615-2095

Richard DeBenedetto, REHS, Director

Kennel, Pet Shop and Shelter License Application

July 1, Current year – June 30th, Following year

All licenses expire June 30th each year and must be renewed.

The annual license fee for a kennel providing accommodations for 10 or fewer dogs is \$10.00

The annual license fee for a kennel providing accommodations for more than 10 dogs is \$25.00

The annual license fee for a Pet Shop is \$10.

Please make checks payable to "Township of Middletown", complete the enclosed application and mail it or drop it off to:

Middletown Township Health Department
1 Kings Highway, Middletown, NJ 07748

The application and fee must be accompanied by a "Certification of Veterinary Supervision Form" – *see attached*.

The license will not be issued until a satisfactory inspection is made by a licensed Sanitary Inspector from the office. After a satisfactory inspection has been completed, the license will be sent in the mail.

If you have any questions, please do not hesitate to call (732) 615-2096.

Thank you,
Middletown Township Health Department

**THE TOWNSHIP OF MIDDLETOWN
DEPARTMENT OF HEALTH**

Application for a license to operate a Kennel, Pet Shop and/or Shelter
Incomplete applications will be returned

PLEASE USE ONE APPLICATION FOR EACH

| | | | |
|---------------------------------------|---|----------|---------|
| License Application for: (Circle one) | Kennel | Pet Shop | Shelter |
| Kennel – 10 or fewer dogs - \$10.00 | Kennel – more than 10 dogs - \$25.00 | | |
| Pet Shop - \$10.00 | Shelter – no fee but application must be filled out | | |

Business Name: _____

Business Address: _____

Business Phone # _____

Owner's Name: _____

Owner's Address: _____

24 Hour Emergency Contact Phone # _____

Supervising Veterinarian _____

Veterinarian Phone # _____

VPH-20 Must be enclosed, or license will not be issued

Signature of Applicant: _____ Date: _____

HEALTH OFFICE USE ONLY

Date App. Rcvd _____ Amount: _____

Date Issued: _____ Cash / Check # _____

VPH-20

**New Jersey Department of Health
Infectious and Zoonotic Diseases Program
PO Box 369, Trenton, NJ 08625-0369**

CERTIFICATE OF VETERINARY SUPERVISION

Of the Disease Control and Health Care Program at a Licensed Animal Facility

N.J.A.C. 8:23A-1.9(a) requires that this form be updated yearly and posted at the facility in an area clearly visible to the public.

LICENSED ANIMAL FACILITY INFORMATION

Name of Licensed Animal Facility: _____

License #: _____

Street Address: _____

City, State, Zip Code: _____

CERTIFICATION BY SUPERVISING VETERINARIAN

This is to certify that I have established and am maintaining a disease control and health care program at the above licensed animal facility, as specified in N.J.A.C. 8:23A-1.9(a).

Name of Veterinarian: _____

License #: _____

Street Address: _____

City, State, Zip Code: _____

Phone # during business hours: _____

After -Hours Emergency Phone #: _____

Signature _____

Date: _____

ORIGINAL FORM TO BE RETAINED AT FACILITY