

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