Chapter 58 of the Alloway Township Code requires that any dog over the age of seven months shall be inoculated against rabies and licensed by its owner. Dog licenses must be obtained on or before March 31 each year; but not before January 1 of the licensing year. Late fees will be imposed starting April 1. Exceptions cannot be made, regardless of the situation or the circumstance.

Pursuant to NJAC 8:23A-4.1 the rabies immunity must extend throughout at least ten (10) of the twelve (12) months licensing period. If the immunity against rabies expires prior to the tenth (10) month of the licensing period revaccination shall occur prior to licensure. Therefore, the Rabies vaccination **cannot expire before November 1, 2026** and if it does, the dog needs to get revaccinated in order to be licensed.

FEES – DON'T' BE LATE!

Spayed/Neutered $18.00

Non-Spayed/Neutered $21.00

$25.00 LATE FEE ADDED PER RENEWAL LICENSE BEGINNING APRIL 1, 2026

License Your Dog(s) by Mail / Drop Box / In person

Mailing Address: Township of Alloway
PO Box 425
Alloway, NJ 08001
Attn: Dog Registrar

Complete the License Form below, together with the following:

- Current Rabies Certificate: Expiration date must be 11/01/2026 or later
- Proof of sterilization (Spay/Neuter)
- Forms of Payment: Cash or Check Payable To "Township of Alloway"
- By mail/drop box, please include a stamped, self-addressed, full-size envelope

All paperwork attached will be returned to you along with the 2026 Dog License and Tag.

For additional information and/or questions, please contact the Municipal Clerk's Office 856/935-4080 ext. 202.

2026 Dog License
Township of Alloway, Salem County

Owner Name: _____ **Telephone:**_____

Street Address: _____

Mailing Address: _____
(if different)

Dog's Name: _____

Breed: _____ **Size: Small / Medium / Large**

Male / Female Age: _____**Color(s):**_____ **Fur Length: Short / Medium / Long**

Rabies Expiration Date : _____ (must be 11/01/2026 or later)

Spayed / Neutered Y / N

Remember to include a copy of the current rabies certificate, spay/neuter certificate, and stamped, self-addressed, full-size envelope.
Additional forms can be found at www.allowaytownship.com, the Municipal Clerk's Office or the Alloway Post Office

Dog's Name: ____

Breed: ______________________________ **Size: Small / Medium / Large**

Male / Female Age: ______**Color(s):**________________ **Fur Length: Short / Medium / Long**

Rabies Expiration Date : _________________________ (must be 11/01/2026 or later)

Spayed / Neutered Y / N

Dog's Name: ____

Breed: ______________________________ **Size: Small / Medium / Large**

Male / Female Age: ______**Color(s):**________________ **Fur Length: Short / Medium / Long**

Rabies Expiration Date : _________________________ (must be 11/01/2026 or later)

Spayed / Neutered Y / N

Dog's Name: ____

Breed: ______________________________ **Size: Small / Medium / Large**

Male / Female Age: ______**Color(s):**________________ **Fur Length: Short / Medium / Long**

Rabies Expiration Date : _________________________ (must be 11/01/2026 or later)

Spayed / Neutered Y / N

Dog's Name: ____

Breed: ______________________________ **Size: Small / Medium / Large**

Male / Female Age: ______**Color(s):**________________ **Fur Length: Short / Medium / Long**

Rabies Expiration Date : _________________________ (must be 11/01/2026 or later)

Spayed / Neutered Y / N

Dog's Name: ____

Breed: ______________________________ **Size: Small / Medium / Large**

Male / Female Age: ______**Color(s):**________________ **Fur Length: Short / Medium / Long**

Rabies Expiration Date : _________________________ (must be 11/01/2026 or later)

Spayed / Neutered Y / N