

ANIMAL LICENSE APPLICATION

**Oradell Health Department
355 Kinderkamack Road
201 261-8106**

ANIMAL OWNER INFORMATION [Please print clearly]

First name: _____

Last name: _____

Street address: _____

Apt # _____

Home phone: _____

Cell phone: _____

Email address: _____

ANIMAL INFORMATION [Please print clearly]

DOG OR CAT

Pet's name: _____

(circle one)

Pet's birth date: _____

Sex:

M or F

(circle one)

Breed: _____

Spay/ neuter:

YES or NO

(proof required)

Hair:

SHORT MEDIUM LONG

(circle one)

Color & markings: _____

Size:

SMALL MEDIUM LARGE

(circle one)

All licenses effective Jan. 1, 2017; all fees non-refundable. (make checks payable to Oradell Health Department and please enclose a self-addressed envelope)

1 Year License (expires 12/31/17)

Neutered \$10

Unneutered \$15

Rabies shots must not expire until 11/1/17

3 Year License (expires 12/31/19)

Neutered \$30

Unneutered \$45

Rabies shots must not expire until 11/1/19

Proof of Rabies Vaccination Required

\$5 per month late fee for licenses not renewed by Feb 1st. (Does not apply to new applicants.)