



**BOROUGH OF ORADELL BOARD OF HEALTH
2024 DOG & CAT LICENSE APPLICATION**

Return to:

Animal Licensing Agent
Borough of Oradell
355 Kinderkamack Road
Oradell, NJ 07649

For Official Use Only:

Check# _____

Cash _____

Total Paid _____

Checks made payable to Borough of Oradell
Exact Change or check only

Fees per Pet: 1 Year License (expires 12/31/24) Neutered \$10 / Unneutered \$15

3 Year License (expires 12/31/26) Neutered \$30 / Unneutered \$45

All licenses effective January 1, 2024; all fees non-refundable.

Enclose a self-addressed envelope when paying by mail.

Owner _____ Phone# _____ Date: _____

Address _____ E-mail: _____

*** RABIES VACCINATIONS MUST BE VALID THROUGH NOVEMBER 1st OF LICENSING YEAR. *
PLEASE ISSUE SEPARATE CHECKS IF APPLYING FOR A CAT AND DOG LICENSE.**

PET #1 License# _____ 1 yr. ___ 3 yrs. ___ Spayed/Neutered: ___ Yes ___ No DOB: _____

Dog ___ Cat ___ Breed: _____ Name: _____ Sex: ___ Male ___ Female

Hair Length: ___ Short ___ Medium ___ Long Size: ___ Small ___ Medium ___ Large Rabies Expiration Date: _____

Color & Markings: _____ **Rabies document is required.**

PET #2 License# _____ 1 yr. ___ 3 yrs. ___ Spayed/Neutered: ___ Yes ___ No DOB: _____

Dog ___ Cat ___ Breed: _____ Name: _____ Sex: ___ Male ___ Female

Hair Length: ___ Short ___ Medium ___ Long Size: ___ Small ___ Medium ___ Large Rabies Expiration Date: _____

Color & Markings: _____ **Rabies document is required.**

PET #3 License# _____ 1 yr. ___ 3 yrs. ___ Spayed/Neutered: ___ Yes ___ No DOB: _____

Dog ___ Cat ___ Breed: _____ Name: _____ Sex: ___ Male ___ Female

Hair Length: ___ Short ___ Medium ___ Long Size: ___ Small ___ Medium ___ Large Rabies Expiration Date: _____

Color & Markings: _____ **Rabies document is required.**

Pets must be registered by March 1, 2024 or a late fee may be assessed.

For questions call 201-261-8106 or e-mail health@oradell.org