



**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
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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