

# Maywood Board of Health

## 2024 Rabies Clinic Appointment Form

Pet Owner Name: \_\_\_\_\_

Pet Owner Address: \_\_\_\_\_

Pet Owner Email Address: \_\_\_\_\_

Pet Owner Phone Number: \_\_\_\_\_

### **Pet #1**

Pet Species: Dog or Cat (please circle one) Pet name: \_\_\_\_\_

Age: \_\_\_\_ months (puppies & kittens only) or \_\_\_\_ years (adult pets)

Sex: Male or Female (please circle one) Neutered: Yes or No (please circle one)

Size: Under 20 lbs. 20-50 lbs. Over 50 lbs. (please circle one)

Predominant Breed: \_\_\_\_\_

Predominant Colors/Markings: \_\_\_\_\_

### **Pet #2**

Pet Species: Dog or Cat (please circle one) Pet name: \_\_\_\_\_

Age: \_\_\_\_ months (puppies & kittens only) or \_\_\_\_ years (adult pets)

Sex: Male or Female (please circle one) Neutered: Yes or No (please circle one)

Size: Under 20 lbs. 20-50 lbs. Over 50 lbs. (please circle one)

Predominant Breed: \_\_\_\_\_

Predominant Colors/Markings: \_\_\_\_\_

### **Schedule Times: (please check one)**

6pm-6:30pm 6:30pm-7pm 7pm-7:30pm 7:30pm-8pm 8pm-8:30pm 8:30pm-9pm

Scan/take a picture of the completed form and email it to [tgrunstra@maywoodboro.org](mailto:tgrunstra@maywoodboro.org) or mail it to my attention/drop off at 15 Park Avenue, 3<sup>rd</sup> floor, Maywood, NJ 07607. Your exact appointment time will be emailed to you so make sure to provide an email address. Every effort will be made to accommodate your requested time. Arrive at your scheduled time. All pets must be on a leash or in a carrier. Call or email Tara Grunstra (Maywood Board of Health) with questions at 201-845-2900 x211 or [tgrunstra@maywoodboro.org](mailto:tgrunstra@maywoodboro.org).