

Maywood Board of Health

2025 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 or mail it to my attention/drop off at 15 Park Avenue, 3rd 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.