

DOG/CAT LICENSE APPLICATION

Owners Name:

Address:

Phone #

Email Address:

Animal's Name:

Birthdate:

Spayed/Neutered: ____ Yes ____ No

Male/Female:

Breed:

Color/Markings:

Rabies Vaccination Date*:

*Rabies certificate must be valid for 10 months out of the licensing year. Certificate marked prior to 11/01 of current year is not acceptable and the animal must be re-vaccinated.

Please send copy of newly issued rabies vaccination certificates.

Fee: \$5.00 spayed/neutered

\$10.00 non-spayed/non-neutered

Application is to be completed and submitted to the Borough Clerk's office at 15 Park Avenue, Maywood, NJ 07607

DO NOT WRITE BELOW THE LINE

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License # _____ Date Issued: _____

Payment: _____ cash/check/money order Check # _____

Issued by: _____