

2021 - 2022 DOG AND CAT LICENSE APPLICATION

Return to:

Palisades Park Health Department
275 Broad Avenue
Palisades Park, NJ 07650
201-585-4105

FOR OFFICIAL USE ONLY

Received by: _____
Date: _____
Cash Total paid: _____
Check #: _____

FEES: Payable by check to "Palisades Park Health Department" or exact change in office.
1 year license (7/1/21 - 6/30/22): Neutered/Spayed \$8.00-- Non-neutered/Spayed \$11.00 – rabies valid thru 4/1/22
3 year license (7/1/21- 6/30/24): Neutered/Spayed \$22.00-- Non-neutered/Spayed \$32.00- rabies valid thru 4/1/24
LATE FEES: \$10.00 per pet after August 31, 2021.

Date: _____ Owner Name: _____ Tel #: _____

Address: _____

PET # 1

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

Pet Name: _____ Color/Markings: _____

Spayed/Neutered: Yes No Hair: Long _____ Medium _____ Short _____

Attach Rabies Certificate/rabies expiration: _____ License: 1yr 3yr Fee: _____

PET # 2

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

Pet Name: _____ Color/Markings: _____

Spayed/Neutered: Yes No Hair: Long _____ Medium _____ Short _____

Attach Rabies Certificate/rabies expiration: _____ License: 1yr 3yr Fee: _____

PET # 3

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

Pet Name: _____ Color/Markings: _____

Spayed/Neutered: Yes No Hair: Long _____ Medium _____ Short _____

Attach Rabies Certificate/rabies expiration: _____ License: 1yr 3yr Fee: _____

