

2023-2024 DOG AND CAT LICENSE APPLICATION

Return to:

Ridgefield Health Department
725 Slocum Avenue
Ridgefield, NJ 07657
201-943-6062

FOR OFFICIAL USE ONLY:

Received by: _____
Date received: _____
Check/M.O.#: _____
Total paid: _____

FEES: Check or money order only: - Payable to "Ridgefield Health Department".

1 year license (7/1/23 - 6/30/24): Neutered \$12.00 / NON-neutered \$15.00 - Rabies valid thru 4/1/24

3 year license (7/1/23 - 6/30/26): Neutered \$34.00 / NON-neutered \$43.00 - Rabies valid thru 4/1/26

LATE FEE: \$20.00 per pet after August 1, 2023

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 Date: _____ **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 Date: _____ **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 Date: _____ **License:** 1yr 3yr **Fee:** _____

PET # 4

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

Pet Name: _____ Color/Markings: _____

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

Attach Rabies Certificate/Rabies Expiration Date: _____ **License:** 1yr 3yr **Fee:** _____