

2024-2025 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: _____
Cash Check.#: _____
Total paid: _____

FEES: Check payable to "Ridgefield Health Department" or exact cash in office.

***1-year license (7/1/24 - 6/30/25): Neutered/spayed \$12.00 // NON-neutered/spayed \$15.00-
Rabies vaccine valid thru 4/1/25.**

***3-year license (7/1/24 - 6/30/27): Neutered/spayed \$34.00 // NON-neutered/spayed \$43.00-
Rabies vaccine valid thru 4/1/27.**

LATE FEE: \$20.00 per pet after August 1, 2024.

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:** _____