

BOROUGH OF BERGENFIELD
HEALTH DEPARTMENT
ANIMAL LICENSING APPLICATION

Dogs/Cats must be VACCINATED against Rabies prior to obtaining a license.

PROOF OF VACCINATION MUST BE PROVIDED with this application.

OWNER: _____ **PHONE:** _____

ADDRESS: _____ **Apt#:** _____

EMAIL ADDRESS: _____

DOG'S / CATS NAME: _____ **AGE:** ___ **SEX:** _____

HAIR LENGTH: _____ (long or short)

COLOR: _____

SPAYED/NEUTERED: _____ (yes or no)

BREED: _____

RABIES EXP. DATE: _____ (Rabies vaccine must be valid thru
November 1st of the calendar year submit a copy of the rabies certificate)

FEES: _____ **DOGS \$8.00 SPAYED/NEUTERED / \$11.00 NON-SPAYED/NON NEUTERED**
_____ **CAT\$11.00 NON-SPAYED/NON-NEUTERED /\$5.00 FOR EACH ADDITIONAL**
_____ **CAT**

MAKE CHECK PAYABLE TO: BOROUGH OF BERGENFIELD
Mail Check or Money Order and include a copy of Rabies certificate to:



Borough Of Bergenfield -Health Department
198 N. Washington Avenue-2nd Floor
Bergenfield NJ 07621



For information, call the Health Department at: (201) 387-4055 extension 5

All Dog/ Cat Licenses expire on December 31st.