

Dog License Application

Return to: Health Department  
705 Kinderkamack Road  
River Edge, NJ 07661  
201-599-6299

Fees: Altered.....\$11.00  
Unaltered...\$14.00  
***After Feb. 28<sup>th</sup> penalty \$6.00***

***Make checks payable to: Borough of River Edge***

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Please print the following information:

Owner's Name \_\_\_\_\_

Telephone # \_\_\_\_\_

Street Address \_\_\_\_\_

Dog's Sex \_\_\_\_\_ Neutered \_\_\_\_\_ Spayed \_\_\_\_\_

Breed \_\_\_\_\_

Age \_\_\_\_\_

Length of hair (Long or short) \_\_\_\_\_

Color: \_\_\_\_\_

Dog's Name \_\_\_\_\_

Date Rabies Expires \_\_\_\_\_

***Rabies vaccination must be valid for 10 months of the licensing year***

***PROOF of current rabies vaccination is required if not already on file.***

***PROOF of spaying/neutering is required if not already on file.***

\_\_\_\_\_ I no longer have my dog.

\_\_\_\_\_ My dog passed away during the past year.

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Signature