

**BOARD OF HEALTH
BOROUGH OF NORTHVALE**

116 Paris Avenue
Northvale, New Jersey 07647
201-767-3330x1023

Office Hours
8:30 – 4:30 PM
Monday through Friday

Tuesday Evening
7:00 – 8:00 PM

NEW JERSEY STATUTES ANNOTATED 4:19-15.2A REQUIRES THAT THE DURATION OF THE IMMUNITY AGAINST RABIES IS TO COVER THE DURATION OF THE LICENSING PERIOD, E.G. IF YOUR PETS RABIES VACCINATION EXPIRES PRIOR TO OCTOBER 2008, YOUR PET MUST BE RE-VACCINATED BEFORE A LICENSE CAN BE ISSUED. PLEASE PROVIDE PROOF OF YOUR PETS CURRENT RABIES VACCINATION.

Dear Resident,

All dogs and cats residing in the Borough of Northvale which has reached the age of seven months or possess a set of permanent teeth, must be licensed each year in accordance with Borough Law 1279 (dogs) and Borough Ordinance 88-3 (cats). All licenses must be obtained by February 15, 2008. Pursuant to Borough Ordinance Section 7-4, dogs must be on a leash at all times and are not permitted in Borough parks or property. Please curb your dog.

PLEASE ENCLOSE A SELF ADDRESSED STAMPED ENVELOPE WHEN REGISTERING YOUR ANIMAL AS WE WILL BE MAILING ALL LICENSES. PLEASE MAKE CHECK FOR DOGS SEPARATE FROM CATS PAYABLE TO THE BOROUGH OF NORTHVALE

<u>FEES</u>	<u>DOGS</u>	<u>CATS</u>
Neutered/Spayed	\$ 6.20 per year	\$ 4.00 per year
Non-Neutered/Spayed	\$ 9.20 per year	\$ 6.00 per year
LATE FEE (after 2/15/08)	\$5.00	\$5.00

please note that the information on the renewal form is in the police computer and is used in the event of a dog or cat bite and also to return lost pets

A FREE RABIES CLINIC IS HELD EVERY OCTOBER. ALL DOGS AND CATS ARE WELCOME. CALL THE BOARD OF HEALTH EARLY OCTOBER FOR THE DATE.

Any questions? Please call 201-767-3330x1023 - Monday through Friday, 8:30 AM – 4:30 PM.

2008
DOG AND CAT NEW and/or RENEWAL FORM

Date _____ Owner _____
Address _____ Phone # _____
Dog _____ Cat _____ Sex _____ Breed _____ Age _____ Hair: Short _____ Medium _____ Long _____
Color & Markings _____ Name _____
Spayed: _____ Neutered: _____ Rabies Vaccination Documentation Attached: _____
Date Rabies Given: _____ Date Rabies Expires: _____ Serial #: _____

2008
DOG AND CAT NEW and/or RENEWAL FORM

Date _____ Owner _____
Address _____ Phone # _____
Dog _____ Cat _____ Sex _____ Breed _____ Age _____ Hair: Short _____ Medium _____ Long _____
Color & Markings _____ Name _____
Spayed: _____ Neutered: _____ Rabies Vaccination Documentation Attached: _____
Date Rabies Given: _____ Date Rabies Expires: _____ Serial #: _____

2008
DOG AND CAT NEW and/or RENEWAL FORM

Date _____ Owner _____
Address _____ Phone # _____
Dog _____ Cat _____ Sex _____ Breed _____ Age _____ Hair: Short _____ Medium _____ Long _____
Color & Markings _____ Name _____
Spayed: _____ Neutered: _____ Rabies Vaccination Documentation Attached: _____
Date Rabies Given: _____ Date Rabies Expires: _____ Serial #: _____
