



TOWNSHIP OF IRVINGTON
 DEPARTMENT OF HEALTH
 MUNICIPAL BUILDING
 1 CIVIC SQUARE, IRVINGTON, NJ 07111
 TEL: (973) 399-6647
 FAX: (973) 416-6400

The Honorable Tony Vauss
 Mayor

Dr. Monique S. Griffith
 Director of Health

DOG / CAT LICENSE APPLICATION

Original License

Renewal License

The following items must be presented at the time of your application in order for a tag to be issued.

<input type="checkbox"/> Current proof of your dog's or cat's rabies vaccination	<input type="checkbox"/> Personal identification and proof of residency	<input type="checkbox"/> Proof of neuter/spay, if applicable	<input type="checkbox"/> License Fee
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This license is to be renewed by February 1st of every year.

List of Fees: All fees are payable by check or money order.		
<input type="checkbox"/> Cat License: \$21.00	<input type="checkbox"/> Non-Neutered/Spayed Dog: \$21.00	<input type="checkbox"/> Neutered/Spayed Dog (Proof Required): \$21.00

Owner Information		
Name:		
Address:		
Telephone:	<input type="checkbox"/> Home	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone
Previous Address, if moved since last license received:		

Pet Information	
Name:	Species: (check one) <input type="checkbox"/> Dog <input type="checkbox"/> Cat
Breed:	Color and/or Markings:
Age: _____ years _____ months	Hair: <input type="checkbox"/> Long <input type="checkbox"/> Short
Neuter Status: <input type="checkbox"/> Neutered <input type="checkbox"/> Non-Neutered	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Pet Status: (check one) <input type="checkbox"/> Living <input type="checkbox"/> Deceased	Was this pet previously licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No

FOR ADMINISTRATIVE USE ONLY	
ID:	The tag was issued <input type="checkbox"/> By Mail <input type="checkbox"/> In-Person
License Tag #:	Method of Payment <input type="checkbox"/> Check <input type="checkbox"/> Money Order
Invoice:	
Date of Post:	Application received by: (initials)