The Honorable Tony Vauss
Mayor

Dr. Monique S. Griffith
Director of Health

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

DOG / CAT LICENSE APPLICATION

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

- Current proof of your dog’s or cat’s rabies vaccination
- Personal identification and proof of residency
- Proof of neuter/spay, if applicable
- License Fee

This license is to be renewed by February 1st of every year.

List of Fees: All fees are payable by check or money order.

- Cat License: $21.00
- Non-Neutered/Spayed Dog: $21.00
- Neutered/Spayed Dog (Proof Required): $21.00

Owner Information

Name:
Address:
Telephone: ☐Home ☐Cell Phone ☐Work Phone
Previous Address, if moved since last license received:

Pet Information

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

FOR ADMINISTRATIVE USE ONLY

ID: The tag was issued ☐ By Mail ☐ In-Person
License Tag #: Method of Payment ☐ Check ☐ Money Order
Invoice:
Date of Post: Application received by: (initials)