

**CITY OF VINELAND
DEPARTMENT OF LICENSES & INSPECTIONS**

INSTRUCTIONS FOR OBTAINING 2010 DOG LICENSE

Please complete **ALL** information requested – PRINT LEGIBLY

The following **MUST** accompany the application:

1. Rabies Certificate – Signed by veterinarian. **Note: Must not expire before 10/31/10**
2. Spaying/Neutering Certification (for reduced fee) **Signed by licensed veterinarian**
3. Check/Money Order (See Fee Schedule) **Note: Cash accepted “in person” only**

NOTE: THE PERSON WHOSE NAME APPEARS ON LICENSE MUST BE AT LEAST 18 YEARS OF AGE.

Make checks payable to: City of Vineland
Mail applications to: City of Vineland Department of Licenses & Inspections
Attention: Animal Licensing Division
640 E. Wood Street, P.O. Box 1508
Vineland, NJ 08362-1508
Hours: 8:30 am – 4:30 pm
Phone: 794-4113

APPLICATION FOR DOG LICENSE

OWNER NAME: _____

PHONE # Home _____ Office _____

MAILING ADDRESS: House # _____ Street _____
Apt. # _____ Lot # (mobile home park) _____ Condo # _____
City _____ State _____ Zip Code _____

DOG KEPT ADDRESS: **(Must be completed if P.O. Box is given as mailing address or if dog is kept at an address other than the owner’s mailing address)**

House # _____ Street _____
Apt. # _____ Lot # (mobile home park) _____ Condo # _____

DOG’S NAME: _____ AGE: _____ SEX: Male Female

BREED: _____ COLOR: _____

Note: Use one breed only – If more than one breed, use “Mixed”
Use one color only – If more than one color, use “Bi-Color, “Tri-color” or “Mixed”

HAIR TYPE: Short Medium Long

FEE SCHEDULE

If application and **all necessary information** is received by this office from **1/1/10 thru 3/31/10**, the fee will be as follows:
\$5.00 With proof of spaying or neutering
\$8.00 Without proof of spaying or neutering

If application and **ALL NECESSARY INFORMATION** is received by this office from **4/1/10 thru 12/31/10**, the fee will be as follows:
\$11.00 With proof of spaying or neutering
\$14.00 Without proof of spaying or neutering

NOTE: APPLICATION, CHECK AND ALL ACCOMPANYING FORMS WILL BE RETURNED IF ANY INFORMATION IS INCORRECT OR MISSING

(Office Use Only)

Cash Check # _____ Money Order Amount \$ _____

Rabies Expires: _____ Spayed/Neutered: Yes No

