

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

**INSTRUCTIONS FOR OBTAINING 2011 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 10/31/11**
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: Betty Drastal  
Animal Licensing Department  
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 **1/1/11 thru 3/31/11**, 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 **4/1/11 thru 12/31/11**, 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