## INSTRUCTIONS FOR OBTAINING A DOG OR CAT LICENSE

The following MUST accompany the application:

1. Rabies Certificate -Note: Rabies must expire on or after Nov. 1 of the current year. (This is a state requirement)
2. Spaying/Neutering Certification
3. Check/Money Order payable to City of Vineland (CASH PAYMENTS WILL NO LONGER BE ACCEPTED)
4. If canine is Surgically Debarked, you must provide a Certificate from your Veterinarian.
Mail applications to:
Processing hours:
Hours: 8:30 am - 4:30 pm
Phone: 794-4113

City of Vineland
Dept. of Licenses \& Inspections
Animal Licensing Division
640 E. Wood Street, P.O. Box 1508
Vineland, NJ 08362-1508

Documents Needed:
Rabies Certificate
Spay/Neuter Cert.
(if applicable)

## * IMPORTANT INFORMATION *

Licenses are to be renewed yearly between Jan 1st - Mar 31st. As of April 1st a late fee of $\$ 3.00$ will be added to the license fee. Fees are $\$ 10$ if spayed/neutered ( $\$ 13 \mathrm{w} /$ late fee) and $\$ 18$ if not spayed/neutered ( $\$ 21 \mathrm{w} /$ late fee)

Licenses are not issued in the month of DECEMBER to allow for processing of end-of-year reports, up-dating of computer records and preparation of renewal notices.

NOTE: Application, Check and all Accompanying Forms will be returned if any information is incorrect or missing.
ONLY SEND COPIES OF RABIES OR SPAY/NEUTER CERTIFICATES. IT WILL NOT BE MAILED BACK.

ANIMAL CONTROL WILL BE GOING FROM HOUSE TO HOUSE STARTING APRIL 1ST. YOU MAY BE ISSUED A SUMMONS IF YOU CAN NOT PROVIDE PROOF OF A CURRENT PET LICENSE.

Please check the City of Vineland Health Department website for upcoming
Rabies Clinics dates and times.
Bring all required paperwork and check or money order.

## APPLICATION FOR DOG/CAT LICENSE

## $\square$ DOG $\quad \square$ CAT

OWNER NAME: $\qquad$ PHONE \# MAILING ADDRESS: $\qquad$ Apt/Lot/Condo \# $\qquad$
City __ State $\qquad$ Zip Code $\qquad$
PET KEPT ADDRESS: (if P.O. Box is given or different than above.)
Apt/Lot/Condo\# $\qquad$

| PET'S NAME: |  | AGE: | SEX: Male $\square$ | Female $\square$ |
| :--- | :--- | :--- | :--- | :--- |
| BREED: |  |  |  |  |
| HAIR TYPE: Short $\square$ | Medium $\square$ | Long $\square$ | DOLOR: |  |

