



**BOROUGH OF NORTHVALE
BOARD OF HEALTH**
116 Paris Avenue
Northvale, New Jersey 07647
201-767-3330 EXT. 219 – 201-767-9631 (fax)
fweston@northvalenj.org

Office Hours
Monday through Friday
8:30 – 4:30 p.m.

Frances Weston
Municipal Clerk

NEW JERSEY STATUTES ANNOTATED 4:19-15.2A REQUIRES THAT THE DURATION OF THE IMMUNITY AGAINST RABIES IS TO COVER THE DURATION OF THE LICENSING PERIOD, i.e. IF YOUR PETS RABIES VACCINATION EXPIRES PRIOR TO OCTOBER 2024, YOUR PET MUST BE RE-VACCINATED BEFORE A LICENSE CAN BE ISSUED. PLEASE PROVIDE PROOF OF YOUR PETS CURRENT RABIES VACCINATION.

ALL DOGS AND CATS RESIDING IN THE BOROUGH OF NORTHVALE THAT HAVE REACHED THE AGE OF SEVEN MONTHS OR HAS A SET OF PERMANENT TEETH, MUST BE LICENSED EACH YEAR IN ACCORDINANCE WITH BOROUGH LAW 1279 (DOGS) AND BOROUGH ORDINANCE 88-3 (CATS). ALL LICENSES MUST BE OBTAINED BY FEBRUARY 14, 2024. PURSUANT TO BOROUGH ORDINANCE SECTION 7-4, DOGS MUST BE ON A LEASH AT ALL TIMES AND ARE NOT PERMITTED IN BOROUGH PARKS OR PROPERTY. PLEASE CURB YOUR DOG.

| FEES | DOGS | CATS | LATE FEE |
|---------------------|---------|---------|----------------------|
| Neutered/Spayed | \$12.00 | \$12.00 | \$5.00 after 2/15/24 |
| Non-Neutered/Spayed | \$15.00 | \$15.00 | \$5.00 after 2/15/24 |

Please indicate license type:

| | |
|------------------------------|--|
| <input type="checkbox"/> Dog | <input type="checkbox"/> Neutered/Spayed |
| <input type="checkbox"/> Cat | <input type="checkbox"/> Neutered/Spayed |

| | |
|------------------------------|---|
| <input type="checkbox"/> Dog | <input type="checkbox"/> Non- Neutered/Spayed |
| <input type="checkbox"/> Cat | <input type="checkbox"/> Non-Neutered/Spayed |

New Pet:

| | |
|------------------------------|--|
| <input type="checkbox"/> Dog | <input type="checkbox"/> Neutered/Spayed |
| <input type="checkbox"/> Cat | <input type="checkbox"/> Neutered/Spayed |

| | |
|------------------------------|---|
| <input type="checkbox"/> Dog | <input type="checkbox"/> Non- Neutered/Spayed |
| <input type="checkbox"/> Cat | <input type="checkbox"/> Non-Neutered/Spayed |

Owner's Name: _____

Address: _____

Telephone # (home) _____ (cell) _____

E-mail address _____

| | |
|---|---|
| Breed: | Hair Long <input type="checkbox"/> Short <input type="checkbox"/> Medium <input type="checkbox"/> |
| Name: Male <input type="checkbox"/> Female <input type="checkbox"/> | Colors/markings Age |
| Date of rabies vaccination: | Date Expires: |
| Serial # of vaccination: | |