

**BOROUGH OF EAST RUTHERFORD**

**HEALTH DEPARTMENT**

**ONE EVERETT PLACE**

**EAST RUTHERFORD, NEW JERSEY 07073**

**(201) 933-3444 EXT. 273**

**REQUIREMENTS FOR OBTAINING DOG LICENSE**  
**BY MAIL**

Please send the following to the address above :

1. Completed information below
2. Check made out to the Borough of East Rutherford in the amount of:  
    \$10 for each spayed / neutered dog  
    \$13 for each non-spayed / non-neutered dog
3. Enclose proof of rabies vaccination (Please note - rabies vaccination must be good through at least November of this year)
4. Self-addressed stamped envelope

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**DOG'S NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**SEX:** MALE OR FEMALE (CIRCLE ONE)

**SPAYED/NEUTERED?** YES OR NO (CIRCLE ONE)

**HAIR:** LONG, SHORT OR MEDUIM (CIRCLE ONE)

**BREED:** \_\_\_\_\_

**COLOR:** \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **APT. #:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_