

2026 - 2027 DOG AND CAT LICENSE APPLICATION

Return to:

Palisades Park Health Department
275 Broad Avenue
Palisades Park, NJ 07650
201-585-4105

FOR OFFICIAL USE ONLY

Received by: _____
Date: _____
Cash Total paid: _____
Check #: _____

FEES: Payable by check to "Palisades Park Health Department" or **exact change** in office.
1 year license (7/1/26 - 6/30/27): Neutered/Spayed \$8.00-- Non-neutered/Spayed \$11.00 – rabies valid thru 4/1/27
3 year license (7/1/26- 6/30/29): Neutered/Spayed \$22.00-- Non-neutered/Spayed \$32.00- rabies valid thru 4/1/29
LATE FEES: \$10.00 per pet after August 1, 2026.

Date: _____ Owner Name: _____ Tel #: _____
Address: _____

PET # 1

Dog ___ Cat ___ Sex: Male Female Breed: _____ Age: _____
Pet Name: _____ Color/Markings: _____
Spayed/Neutered: Yes No Hair: Long _____ Medium _____ Short _____
Attach Rabies Certificate/rabies expiration: _____ License: 1yr 3yr Fee: _____

PET # 2

Dog ___ Cat ___ Sex: Male Female Breed: _____ Age: _____
Pet Name: _____ Color/Markings: _____
Spayed/Neutered: Yes No Hair: Long _____ Medium _____ Short _____
Attach Rabies Certificate/rabies expiration: _____ License: 1yr 3yr Fee: _____

PET # 3

Dog ___ Cat ___ Sex: Male Female Breed: _____ Age: _____
Pet Name: _____ Color/Markings: _____
Spayed/Neutered: Yes No Hair: Long _____ Medium _____ Short _____
Attach Rabies Certificate/rabies expiration: _____ License: 1yr 3yr Fee: _____