

**BOROUGH OF ELMWOOD PARK
BOARD OF HEALTH
PET LICENSING FORM**

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

OWNER'S HOME PHONE NUMBER: _____

OWNER'S CELL PHONE NUMBER _____

CAT DOG

PET'S NAME: _____

BREED: _____

COLOR/MARKINGS: _____

PET'S DATE OF BIRTH: _____

PET'S AGE: _____

IS THE PET SPAYED OR NEUTERED? _____

RABIES EXPIRATION DATE: _____

PLEASE PROVIDE OUR OFFICE WITH A COPY OF THE RABIES CERTIFICATE