



West New York Health Department

428 - 60<sup>th</sup> Street

West New York, NJ 07093

Room 31

(201) 295 - 5070

Mayor Silverio A. Vega  
Director

Vincent A Rivelli, M.S  
Health Officer

Maria Alvarez  
Registrar of Vital Statistics

Dear Dog Owner:

On behalf of the Mayor, the Commissioners and the Staff of the Health Department, we wish you and your Family a **Very Happy and Peaceful New Year.**

During the month of **FEBRUARY** dog license renewal begins:

<b>NEUTERED</b>	<b>\$8.00</b>	<b>NON-NEUTERED</b>	<b>\$11.00</b>
<b>SPAYED</b>	<b>\$8.00</b>	<b>NON-SPAYED</b>	<b>\$11.00</b>

Renewal can be made in person at this office (**MONDAY THRU FRIDAY 9:00AM – 3:00 PM**)

Or by mail. If you are renewing by mail, the requirements are as follows:

- **A self-stamped addressed envelope**
- **Bottom portion of this letter**
- **Proof of recent Rabies Vaccination**
- **Proof that your dog has been neutered or spayed**

Please renew early. We do not enjoy issuing summons to those who violate the license or rabies vaccination law. The penalty for not renewing your license on time is up to \$500.00 per offense plus your time in court.

Dog feces pollute our environment. It can cause disease to spread and is a safety hazard. Allowing your dog to run loose can cause auto accidents, pollution and more frequent dog bites.

**Please leash, curb, and clean after your dog. IT IS THE LAW .....,.....**

Sincerely,

Vincent A. Rivelli, M.S.  
Health Officer

Owner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone # \_\_\_\_\_  
 Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Color: \_\_\_\_\_  
 Rabies Vaccination Due: \_\_\_\_\_  
 Neutered or Spayed \$8.00 \_\_\_\_\_ Non-neutered or Non-Spayed \$11.00 \_\_\_\_\_

**PAYMENT MUST BE MADE TO: WEST NEW YORK HEALTH DEPARTMENT  
CHECK OR MONEY ORDER ONLY**