



CAT LICENSE APPLICATION



OWNER'S INFORMATION

LAST NAME: _____, FIRST NAME: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

E-MAIL: _____

PET INFORMATION

NAME: _____ BREED: _____

MALE: _____ FEMALE: _____ SPAYED OR NEUTERED ____ YES ____ NO
(Proof of spay or neuter must be provided)

DATE OF BIRTH: _____ AGE: _____

HAIR: ____ LONG ____ MED. ____ SHORT **SIZE:** ____ SMALL ____ MEDIUM ____ LARGE

COLOR/MARKINGS: _____

MICROCHIP INFORMATION

CHIP COMPANY: _____

CHIP NUMBER: _____ CHIP COMPANY PHONE NO.: _____

RABIES VACCINATION INFORMATION:

In order for a license to be issued, the owner must show to their municipal licensing authority proof that a licensed veterinarian administered a rabies vaccine to the dog (rabies vaccination certificate). New Jersey regulations require that the **duration of immunity from the most recent vaccination to extend *through* at least the first 10 months (November 1st)** of the 12 month licensing period. Animals that have duration of immunity, which expires prior to the 10 month cut-off must receive a booster rabies vaccination prior to licensure. (N.J.A.C. 8:23A-4.1)

FEES ARE PAYABLE BY CHECK OR CASH:	SPAYED/NEUTERED	\$5.00
	NON SPAYED/NON NEUTERED	\$8.00

REMIT TO: BOROUGH CLERK'S OFFICE
BOROUGH OF HIGHLAND PARK
221 SOUTH 5TH AVENUE
HIGHLAND PARK NJ 08904

