



**TOWNSHIP OF BERKELEY HEIGHTS**

29 Park Avenue  
Berkeley Heights, NJ 07922

Phone: (908) 464-2700  
Fax: (908) 464-6081

**2019 CAT LICENSE APPLICATION**

|                          |         |
|--------------------------|---------|
| <input type="checkbox"/> | New     |
| <input type="checkbox"/> | Renewal |

**OWNER INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: Home / Cell: (     ) \_\_\_\_\_

**CAT INFORMATION**

NAME: \_\_\_\_\_ AGE / DATE OF BIRTH: \_\_\_\_\_

BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_ HAIR: Long / Medium / Short

SEX: Male / Female      SPAYED OR NEUTERED: No / Yes      IF YES, DATE: \_\_\_\_\_

NAME OF VETERINARIAN: \_\_\_\_\_

RABIES INOCULATION\*:      Date Expires: \_\_\_\_\_      Date Given: \_\_\_\_\_

**\* Rabies Vaccination Certificate must be submitted with license application and must be valid through October 31, 2019.**

OWNER'S SIGNATURE: \_\_\_\_\_

**License Fee Per Calendar Year**

\$10.00 - Each Cat

\* \$5.00 Late Fee applies for licenses renewed after February 28<sup>th</sup>. Late fee does not apply to cats new to Berkeley Heights.

Return your completed application, along with rabies vaccination certificate and check made payable the "***Township of Berkeley Heights***" to:

**The Township Clerk's Office, 29 Park Avenue, Berkeley Heights, NJ 07922**

**For Office Use Only:**

|   |   |
|---|---|
| <input type="checkbox"/> Payment Received <ul style="list-style-type: none"> <li><input type="radio"/> Amount \$ _____</li> <li><input type="radio"/> Check / Receipt # _____</li> </ul> <input type="checkbox"/> Permit : Handed / Left for Pickup / Mailed on _____ | <div style="border: 1px solid black; width: 100%; height: 100%;"></div> <p><i>Received:</i></p> |
|---|---|