

Cat Licensing Form DATE: _____

After January 1st and not before, please return form, fee and proof of current rabies vaccination from a veterinarian or rabies clinic (Not last year's license form) per State Regulation N.J.S.A. 4:19-15.5

Delaware Township Animal Licensing
Attn: Deanna Higgins
P.O. Box 101
Sergeantsville, NJ 08557
609-483-2665

There is a drop off box at Police Headquarters 24/7

Rabies vaccinations cannot expire before Nov. 1st (current year) or your forms and payment will be sent back to you

Application is considered incomplete (a late fee may apply, see below)

Pet owners are responsible for knowing when their pets' rabies vaccinations expire.

_____ New Cat _____ Renewal

CAT'S OWNER NAME _____

Mailing Address _____

Street Address if P.O. Box _____

Telephone # _____ Cell # _____

CAT'S NAME _____ Microchip ID # _____

Age _____ Sex _____ Spayed/Neutered? _____ Yes _____ No _____ Hair _____
(Short, Med., Long)

Breed _____ Color _____

Rabies Expiration: Attach Rabies Certificate (Cannot Expire Before 11/1/Current Year)*****

CAT'S NAME _____ Microchip ID # _____

Age _____ Sex _____ Spayed/Neutered? _____ Yes _____ No _____ Hair _____
(Short, Med., Long)

Breed _____ Color _____

Rabies Expiration: Attach Rabies Certificate (Cannot Expire Before 11/1/Current Year)*****

*** LICENSE FEE: \$10.00 PER HOUSEHOLD (not per cat)

*** BEGINNING MARCH 1ST: \$20.00 PER HOUSEHOLD (not per cat)

Make Checks Payable to Delaware Township or exact cash (No Debit Cards)

Please list the names of pets you **NO LONGER** own _____

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(Short, Med., Long)

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