

TOWN OF DOVER

37 NORTH SUSSEX STREET
DOVER, NEW JERSEY 07801
Telephone: (973) 366-2200
Fax: (973) 328-6524



Dear Applicant:

It is time to renew your cat's license. Please complete the application and send it along with the appropriate fee by **February 28th** to the Dover Health Department at the address above.

CAT LICENSE APPLICATION

OWNER'S NAME _____ LAST YEAR'S LICENSE # _____

ADDRESS _____ PHONE # _____

CAT'S NAME: _____ AGE: _____

CAT: SEX: **M** OR **F** BREED: _____

COLOR AND MARKINGS: _____ HAIR: SHORT MED LONG

IS YOUR CAT SPAYED OR NEUTERED? YES _____ NO _____

RABIES VACCINATION INFORMATION

Proof of a current rabies vaccination is required!

****Rabies vaccination must be valid until at least October of licensing year****

1. Please provide a valid certificate if your cat was vaccinated by your personal veterinarian; or
2. If your cat was vaccinated at a Town of Dover Rabies Clinic, please provide the Date of Vaccination _____.

REGISTRATION FEES

\$16.00 per Spayed Female or Neutered Male

\$19.00 per Unspayed Female or Unneutered Male

NOTE: RENEWALS RECEIVED AFTER FEBRUARY 28TH OF THE LICENSING YEAR WILL INCUR A \$10.00 LATE FEE AND AN ADDITIONAL \$1.00 PER MONTH ADDED AFTER MARCH 31ST

...late fee applies to each cat...

MAKE CHECK or MONEY ORDER PAYABLE TO: "TOWN OF DOVER"

Application and payment can be deposited in the black colored "Drive-Up Drop Box" located on the south side of Town Hall. NO CASH ACCEPTED WHEN USING THE DRIVE-UP DROP BOX!

ADDITIONAL CATS

CAT'S NAME: _____ LAST YEAR'S LICENSE # _____ CAT'S SEX: **M** or **F**

BREED: _____ HAIR: SHORT MED LONG AGE OF CAT: _____

COLOR & MARKINGS: _____ SPAYED/NEUTERED: YES ___ NO ___

Please provide a valid rabies certificate if your cat was vaccinated by your personal veterinarian or the Town of Dover Rabies Clinic.

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CAT'S NAME: _____ LAST YEAR'S LICENSE # _____ CAT'S SEX: **M** or **F**

BREED: _____ HAIR: SHORT MED LONG AGE OF CAT: _____

COLOR & MARKINGS: _____ SPAYED/NEUTERED: YES ___ NO ___

Please provide a valid rabies certificate if your cat was vaccinated by your personal veterinarian or the Town of Dover Rabies Clinic.

CAT'S NAME: _____ LAST YEAR'S LICENSE # _____ CAT'S SEX: **M** or **F**

BREED: _____ HAIR: SHORT MED LONG AGE OF CAT: _____

COLOR & MARKINGS: _____ SPAYED/NEUTERED: YES ___ NO ___

Please provide a valid rabies certificate if your cat was vaccinated by your personal veterinarian or the Town of Dover Rabies Clinic.
