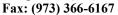
## TOWN OF DOVER HEALTH DEPARTMENT

37 N. SUSSEX ST DOVER, NEW JERSEY 07801 Telephone: (973) 366-2200 Ext. 1120 / 1116



Dear Applicant



реш пррпеши.						
Please complete the applease.	lication and return to the H	lealth Department at the add	dress above along with the appropriate			
Thank You.						
	<u>CAT LIC</u>	ENSE APPLICATION				
DATE:	_OWNER'S NAME		CURRENT 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 <u>valid</u> until at least <u>October 31<sup>ST</sup></u> 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 WILL INCUR A \$10.00 LATE FEE AND AN ADDITIONAL \$1.00 PER MONTH WILL BE ADDED AFTER MARCH 31<sup>ST</sup> OF THE LICENSING YEAR\*\*

Late fee applies to each cat

MAKE CHECK/MONEY ORDER PAYABLE TO: TOWN OF DOVER

Application and payment may 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:			PREVIO	OUS LICENSE #	CAT: SEX <b>: M</b> OR <b>F</b>
BREED:	HAIR:	SHORT	MED	LONG	AGE:
COLOR AND MARKINGS:			SPAYED	NEUTERED YES _	NO
Please provide a valid certificate if your cat was the Town of Dover Rabies Clinic	vaccinated	d by your j	personal v	eterinarian or the da	nte your cat was vaccinated at
CAT'S NAME:			PREVIO	OUS LICENSE #	CAT: SEX: <b>M</b> OR <b>F</b>
BREED:	HAIR:	SHORT	MED	LONG	AGE:
COLOR AND MARKINGS:			SPAYED	NEUTERED YES _	NO
Please provide a valid certificate if your cat was the Town of Dover Rabies Clinic					·
BREED:	HAIR:	SHORT	MED	LONG	AGE:
COLOR AND MARKINGS:			SPAYED	NEUTERED YES _	NO
Please provide a valid certificate if your cat was the Town of Dover Rabies Clinic		d by your p	personal v	eterinarian or the da	nte your cat was vaccinated at
CAT'S NAME:			PREVI	OUS LICENSE #	CAT: SEX: MORF
BREED:	HAIR:	SHORT	MED	LONG	AGE:
COLOR AND MARKINGS:			SPAYED	NEUTERED YES _	NO
Please provide a valid certificate if your cat was the Town of Dover Rabies Clinic	vaccinated	d by your p	personal v	eterinarian or the da	ate your cat was vaccinated at