

HILLSIDE HEALTH DEPARTMENT 2024 CAT LICENSE APPLICATION

OWNERS NAME: _____

ADDRESS: _____ PHONE # _____

SIGNATURE: _____

CAT'S SEX: MALE__ FEMALE__ SPAYED/NEUTERED YES__ NO__

BREED: _____ COLOR(S): _____

HAIR: SHORT____ LONG____ MEDIUM:____ AGE _____

CAT'S NAME: _____ RABIES EXP. DATE _____

LICENSE AMOUNT: \$ _____ CHECK # _____

CASH _____

FEEES

MALE/FEMALE SPAYED/NEUTERED - \$5.00

MALE NON NEUTERED - \$8.00

FEMALE NON SPAYED - \$8.50

AFTER APRIL 1ST ADD \$3.00 LATE CHARGE

ADDRESS: HEALTH DEPARTMENT
MUNICIPAL BUILDING
HILLSIDE, N.J. 07205
(973)926-4535

Please make check or money order payable to: Township of Hillside