

# 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 1<sup>ST</sup> 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\*