



TOWNSHIP OF

HILLSIDE

HEALTH DEPARTMENT

Municipal Building
Liberty and Hillside Avenues
Hillside, New Jersey 07205

**HILLSIDE HEALTH DEPARTMENT
2027 CAT LICENSE APPLICATION**

ALL LICENSES EXPIRE JANUARY 31ST

OWNERS NAME: _____

ADDRESS: _____ **PHONE** _____

EMAIL ADDRESS: _____

SIGNATURE: _____

CAT'S SEX: MALE__ FEMALE__

CAT IS NO LONGER HERE: () DECEASED () MOVED () SURRENDERED () OTHER

BREED: _____ **COLOR(S):** _____

HAIR: SHORT__ LONG__ MEDIUM:__ AGE__

CAT'S NAME: _____ **RABIES EXP. DATE** _____

SPAYED () / NEUTERED () NO ()

LICENSE AMOUNT: \$ _____ **CHECK #** _____ **CASH AMT:** _____

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
1409 LIBERTY AVENUE
HILLSIDE, N.J. 07205
(973)926-4535**