

Cat License Application

Owner's Information:

Last Name: _____ First Name: _____

Address: _____ Apt. No. _____

Telephone No.: _____

City: _____ New Jersey,

Zip Code: _____

Pet Information:

Name: _____ Male: _____ Female: _____

Breed: _____

Age: _____ (yrs)

Hair: Short: _____ Medium: _____ Long: _____

Color: _____

Rabies Vaccination Information:

Old Bridge Rabies Clinic? Yes: _____ No: _____

If Yes, What Year: _____

If vaccination was not performed by Township Rabies Clinic - complete the following information and provide a copy of rabies vaccination certificate from your veterinarian. (Proof is required).

Veterinarian's Name: _____

Date of Vaccination: _____

Expiration Date: _____

Neutering: *Proof must be submitted.*