| •  | return form, fee and proof of current rabies vaccination from ear's license form) per State Regulation N.J.S.A. 4:19-15.5 |
|--|---|
| Delaware Township Animal Licensing<br>Attn: Deanna Higgins | There is a drop off box at Police Headquarters 24/7   |
| P.O. Box 101   | **Rabies vaccinations cannot expire before Nov. 1st (curren   |
| Sergeantsville, NJ 08557                                   | year) or your forms and payment will be sent back to you**  |
|  | <u>plication is considered incomplete (a late fee may apply, see below</u>  |
| Pet owners   | are responsible for knowing when their pets' rabies vaccinations expire   |
| New Cat Renewal  | Make Checks Payable to Delaware Township or exact cash (No Debit Cards)   |
| If Licensing a new cat(s) after March 1st DO NO            | T INCLUDE THE LATE FEE  |
| CAT'S OWNER NAME   |   |
| Mailing Address  |   |
| Street Address if P.O. Box                                 |   |
| Telephone #  | Cell #  |
| CAT'S NAME   | Microchip ID #  |
| Age Sex Spayed/Neute                                       | red? Yes No Hair(Short, Med., Long)   |
| Breed Color _  | (Short, Med., Long)   |
| Rabies Expiration: Attach Rabies Certifi                   | icate (Cannot Expire Before 11/1/Current Year)*****   |
| CAT'S NAME   | Microchip ID #  |
| Age Sex Spayed/Neute                                       | red? Yes No Hair(Short, Med., Long)   |
| Breed Color _  | (Short, Med., Long)   |
| Rabies Expiration: Attach Rabies Certifi                   | icate (Cannot Expire Before 11/1/Current Year)*****   |
| *** <u>LICENSE FEE</u> : \$10.00 PER H                     | OUSEHOLD (not per cat)  |

Cat Licensing Form DATE: \_\_\_\_\_

Beginning March 1st (current year), add an additional \$10.00 late fee per household

Please list the names of pets you NO LONGER own

| D ID #                      |
|-----------------------------|
| Hair(Short, Med., Long)     |
| (Snort, Med., Long)         |
| ore 11/1/Current Year)***** |
| o ID #                      |
| Hair(Short, Med., Long)     |
| — (Officit, Med., Long)     |
| ore 11/1/Current Year)***** |
| o ID #                      |
| Hair(Short, Med., Long)     |
| (Short, Med., Long)         |
| ore 11/1/Current Year)***** |
| ) ID #                      |
| Hair(Short, Med., Long)     |
| (Short, Med., Long)         |
| ore 11/1/Current Year)***** |
| ) ID #                      |
| Hair(Short, Med., Long)     |
| (Short, Med., Long)         |
| ore 11/1/Current Year)***** |
| ) ID #                      |
| Hair(Short, Med., Long)     |
| (Short, Med., Long)         |
| 0                           |