



TOWNSHIP OF BERKELEY HEIGHTS

29 Park Avenue
Berkeley Heights, NJ 07922

Phone: (908) 464-2700
Fax: (908) 464-6081

CAT LICENSE APPLICATION

New
 Renewal

OWNER INFORMATION

NAME: _____ EMAIL: _____

ADDRESS: _____ PHONE: Home / Cell: () _____

CAT INFORMATION

NAME: _____ AGE / DATE OF BIRTH: _____

BREED: _____ COLOR: _____ HAIR: Long / Medium / Short

SEX: Male / Female SPAYED OR NEUTERED: No / Yes IF YES, DATE: _____

NAME OF VETERINARIAN: _____

RABIES INOCULATION*: Date Expires: _____ Date Given: _____

***Rabies Vaccination Certificate must be submitted with application & MUST be valid through October 31st of THIS year.**

OWNER'S SIGNATURE: _____

License Fee Per Calendar Year

\$10.00 - Each Cat

* \$5.00 Late Fee applies for licenses renewed after February 28th. Late fee does not apply to cats new to Berkeley Heights.

Return your completed application, along with rabies vaccination certificate and check made payable the "***Township of Berkeley Heights***" to:

The Township Clerk's Office, 29 Park Avenue, Berkeley Heights, NJ 07922

For Office Use Only:

Payment Received

o Amount \$ _____

o Check / Receipt # _____

Permit : Handed / Left for Pickup / Mailed on _____

Received: