



MORRIS TOWNSHIP HEALTH DEPARTMENT
 50 WOODLAND AVENUE - P.O. BOX 7603
 CONVENT STATION, NJ 07961-7603
 973-326-7390

APPLICATION FOR 2009 CAT LICENSE

***** PLEASE READ FIRST *****

1) IF YOU HAVE NOT ALREADY DONE SO, YOU MUST SUBMIT PROOF THAT YOUR CAT HAS A CURRENT RABIES' VACCINATION, WHICH MUST BE VALID AT LEAST UNTIL OCTOBER 31, 2009 - TEN MONTHS FROM THE TIME OF LICENSING. (All new rabies' shots your cat receives must be submitted to this office so that we may update our records.)

FREE RABIES CLINIC

SATURDAY, NOVEMBER 7, 2009- 10:00 AM - 12 NOON
 PLEASE CALL HEALTH DEPT. FOR LOCATION

2) IF YOU HAVE NOT ALREADY DONE SO, YOU MUST SUBMIT PROOF THAT YOUR CAT HAS BEEN NEUTERED OR SPAYED. (See NOTE below.)

***NOTE:** YOU MAY OMIT THIS DOCUMENT IF PROOF OF NEUTERING HAS BEEN PROVIDED TO THIS OFFICE IN THE PAST. IF THE CAT OWNER HAS NO PROOF OF THEIR CAT BEING NEUTERED OR SPAYED, THEN THE OWNER MAY SIGN A SWORN STATEMENT STATING:

1. THE VETERINARIAN'S NAME AND ADDRESS
2. MONTH, DAY AND YEAR CAT WAS NEUTERED OR SPAYED
3. WHY THERE IS NO CERTIFICATE OF ALTERING FROM VETERINARIAN.

CAT INFORMATION

| | |
|---|---|
| NAME OF CAT: _____ | SPAYED / NEUTERED: Mon ___ Day ___ Year ___ |
| AGE: _____ | BREED: _____ |
| SEX: M F | COLOR: _____ |
| VETERINARIAN: _____ | RABIES EXPIRATION: Mon ___ Day ___ Year ___ |
| HAIR LENGTH: SHORT MEDIUM LONG | RABIES GIVEN: Mon ___ Day ___ Year ___ |

OWNER INFORMATION

| | |
|------------------------|-----------------------|
| LAST NAME: _____ | CITY: _____ |
| FIRST NAME: _____ | STATE: _____ |
| MIDDLE INITIAL: _____ | ZIP CODE: _____ |
| STREET ADDRESS: _____ | PHONE # HOME: _____ |
| PO BOX / APT. #: _____ | PHONE # OFFICE: _____ |

FEE SCHEDULE

\$10.00 ***** IF YOUR CAT HAS BEEN SPAYED / NEUTERED
 \$14.00 ***** IF YOUR CAT HAS NOT BEEN SPAYED / NEUTERED
 \$15.00 ***** ADDITIONAL LATE FEE AFTER JANUARY 31, 2009

BE ADVISED A \$20.00 FEE WILL BE CHARGED FOR ANY RETURNED CHECK