

****TOWNSHIP OF CEDAR GROVE CAT LICENSE APPLICATION ****

Township Code require licenses for cat seven months of age and over which must be secured by September 31st of each year. We also require that each cat have a valid rabies inoculation. If the duration of immunity expires before July 1st of the licensing year, the cat must be revaccinated prior to issuance of a license. *The State Health Department recommends vaccination every two years.* If your cat was inoculated at our Rabies Clinic and the shots have not expired, your cat will be licensed from our records. Otherwise, you must present a Veterinarian's Certificate of Rabies Inoculation. Without proper proof, your application will be rejected.

The NEW licensing fee will be \$10.00. Under Township Ordinance, any cat license renewed after September 31st will be subject to a \$10.00 late fee. This fee will not take the place of a summons & fine for and unlicensed dog. Licenses are issued by the Health Department, 2nd Floor Municipal Building.

For your convenience, licenses can be issued by mail. Please include a completed application, your check, rabies inoculation certificate and a self addressed stamped envelope. Make check or money order payable to "The Township of Cedar Grove" Each cat must have a separate application, but total payment may be made with one check .Mail to: Health Department, 525 Pompton Avenue, Cedar Grove, NJ 07009.

*For questions: Phone# (973)239-1410 x224 * HealthDept@cedargrovenj.org * Fax # (973)239-4187*

The Cedar Grove Health Department reminds residents that animal waste can pollute our waters. It is required that animal waste be immediately and properly disposed of. Please follow TOWNSHIP CODE 91-11 and clean up after your pet.

Violations may be reported to the Health Department of the Police Department.

Owners name: _____ Phone: _____ cell

Address: _____ Email: _____

Cat's name _____ Age _____

Breed _____ Sex _____ male _____ female _____

Color _____ Neutered _____ N _____ Y _____ If yes-date: _____ / _____ / _____

Hair _____ short _____ medium _____ long _____ Micro chip # _____

Location immunized _____ Special markings _____

Immunization date _____ Immunization expiration date _____

Please notify this office if the cat is no longer at this address.

For official use only

License Date _____ Amount \$ _____ []Cash-Receipt # _____ []Check# _____