



**TOWNSHIP OF HILLSIDE**  
**Health Department**

**CAT LICENSE APPLICATION**

PLEASE NOTE – PROOF OF RABIES AND SPAY/NEUTER MUST BE PROVIDED WITH APPLICATION

**OWNER(S) NAME:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cat's Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Spayed/Neutered:** \_\_\_\_\_

**Breed:** \_\_\_\_\_ **Hair: Short:** \_\_\_\_\_ **Long:** \_\_\_\_\_ **Medium:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**Rabies Expiration Date:** \_\_\_\_\_

**FEE(S):**

**MALE/FEMALE SPAYED/NEUTERED - \$ 3.00**

**MALE NON-NEUTERED - \$ 5.00**

**FEMALE NON-SPAYED - \$ 7.50**

**PLEASE NOTE – AFTER APRIL 1<sup>ST</sup> ADD AN ADDITIONAL CHARGE OF \$ 3.00**

**MAKE ALL CHECK(S) OR MONEY ORDER(S) PAYABLE TO TOWNSHIP OF HILLSIDE**

**MAIL APPLICATION & PAYMENT TO  
TOWNSHIP OF HILLSIDE  
HEALTH DEPARTMENT  
MUNICIPAL BUILDING  
1409 LIBERTY AVENUE  
HILLSIDE, NJ 07205**

**FOR OFFICE USE ONLY:** Amount: \_\_\_\_\_ Paid: { }check/money order { }cash Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_