

**TOWNSHIP OF DENVILLE  
DEPARTMENT OF HEALTH**

1 St. Mary's Place, Denville, NJ 07834  
973-625-8300 ext 261  
www.denvillenj.org

**CAT LICENSE APPLICATION**

APPLICATION INSTRUCTIONS

Please complete application in full. Incomplete applications will not be processed and will be returned.

The license fee must accompany this application. If you are applying by mail, payment must be made by check or money order payable to "Township of Denville". Cash payments are only accepted in person. If applying by mail, a self-addressed stamped envelope must accompany this application along with your check or money order. Please mail your application to the Health Department address at the top of this form.

License fees are as follows:

|                         |         |
|-------------------------|---------|
| Cats 1 Year Altered     | \$18.00 |
| Cats 1 Year Not Altered | \$21.00 |
| Cats 3 Year Altered     | \$45.00 |
| Cats 3 Year Not Altered | \$54.00 |

Late Fee \$10 after June 30th + \$5 per month thereafter (maximum \$35)

Date of Application: \_\_\_\_\_ Application is for (check one):  New License  
 Renewal of License

Owner Information

Last Name:

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

Cat Information

Cat's Name: \_\_\_\_\_ Cat's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Hair Length (Check One):  Short Haired  Long Haired  
Is cat spayed or neutered (Check One):  Yes  No  
Proof of spay/neuter required if not on file with the Health Dept.

Sex:  Male  Female

Your cat's rabies vaccine must be valid through 10 months of the last year of the licensing period.

Rabies Expiration Date:

Microchip Number (If Applicable):

Owner's Signature:

I certify that the information provided herein is true to the best of my knowledge.

FOR OFFICIAL USE ONLY

Date License Issued: \_\_\_\_\_ Check/MO Number: ~ ~ ~ Tag Number: \_\_\_\_\_ License Number: \_\_\_\_\_

Issued by: ~ ~ ~