



**Health Division**  
200 South Street  
P.O. Box 914  
Morristown, NJ 07963-0914

Main Office: (973) 796-1975  
Health Officer: (973) 292-6707  
Health Inspectors: (973) 292-6713  
(973) 796-1993  
Nurse: (973) 292-6702  
Animal Control: (973) 292-6731  
Fax: (973) 292-6730

### CAT LICENSE APPLICATION

- 1 Year License  
 3 Year License

#### APPLICATION INSTRUCTIONS

Please complete application in full. One application per animal. Incomplete applications will not be processed and will be returned. License fee must accompany this application. If you are applying by mail, payment must be made by check or money order, payable to the "Town of Morristown". Cash payments are only accepted in person. Visit [www.townofmorristown.org/petlicensing](http://www.townofmorristown.org/petlicensing) to apply online. If applying by mail, a self-addressed envelope must accompany this application along with your check or money order. Please mail your application to the Division of Health address at the top of this form. Credit Card payments are now accepted. License fees are as follows:

	<u>One Year</u>	<u>Three Year</u>
Cat License, Spayed or Neutered:	\$10.00	\$25.00
Cat License, NOT Spayed or Neutered:	\$20.00	\$35.00

**\*\*Late Fees are \$5 per month, per pet starting July 1st.**

**\*\*A \$2.00 convenience fee will be charged for all credit card transactions.**

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

#### OWNER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### CAT INFORMATION

Cat's Name: \_\_\_\_\_ Cat's Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_  
Hair Length (check one):  Short Haired  Long Haired  
Sex:  Male  Female  
Rabies Expiration Date: \_\_\_\_\_ Microchip Number (If Applicable): \_\_\_\_\_

Is cat spayed or neutered? (Check One)\*  Yes  No

**\*Proof of Spay/Neuter Required**

**\*Rabies Expiration MUST NOT expire before April 30th of Licensing Year, Proof of Rabies Immunization MUST be provided.**

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 #: \_\_\_\_\_ Tag #: \_\_\_\_\_ License #: \_\_\_\_\_

Issued by: \_\_\_\_\_