

## **Cat License Application**

Return to: Health Department

705 Kinderkamack Road River Edge, NJ 07661 201-599-6299 Fees: Altered.....\$8.00 Unaltered...\$10.00 Late Fee: \$6.00 (for renewals

after February 1<sup>st</sup>)

## Make checks payable to: Borough of River Edge

Please print the following information:		
Owner's Name:	8 years of age)	
Telephone #:		
Mailing Address:		
Cat's Sex:MF	Neutered	_ Spayed
Breed:		
Age:		
Length of hair:Long	Medium	Short
Color:		
Cat's Name:		
Date Rabies Expires:		
Rabies vaccination must be valid th	hrough Novembe	r 1st of the current year
PROOF of current rabies vaccin PROOF of spaying/neuterin		• •
I no longer have my cat.		
My cat passed away during the	e past year.	
	S	ignature
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