



**Township of Randolph**  
 Department of Health  
 502 Millbrook Avenue  
 Randolph, NJ 07869-3799  
 Tel: 973.989.7050 • Fax: 973.989.7076  
 www.randolphnj.org

## Cat License Application

### Instructions for Completing

1. Township ordinance requires that all cats must be licensed and have a current tag affixed to a collar or harness. All cats seven months or older must be licensed.
2. The rabies shot must be good for the entire licensing year. The owner is required to supply proof of vaccination from the veterinarian.
3. Newly acquired cats which attain licensing age must be licensed within 10 days after such acquisition or age attainment.
  - a) Cats currently licensed out of the state of New Jersey must be licensed within 90 days.
  - b) Cats licensed within the state of New Jersey are not required to be re-licensed until the following year.
4. All cats must be licensed by February 28th of each year.
5. Please verify rabies information and neuter status and forward written verification of such with this application (copies will be returned).

| License Fees—Cats due 2/28 each year |                 |
|--------------------------------------|-----------------|
| Altered                              | \$20.00         |
| Unaltered                            | \$23.00         |
| LATE FEE AFTER 2/28                  | + \$10.00 add'l |

**Fill out both sections and return this application with check made payable to Randolph Township. Be sure to include written proof of rabies and proof of alteration (if applicable). After validation, license will be returned by mail.**

| OWNER INFORMATION                     |      |                  |                                           |                                                             |                |
|---------------------------------------|------|------------------|-------------------------------------------|-------------------------------------------------------------|----------------|
| Name                                  |      |                  |                                           |                                                             |                |
| Mailing Address                       |      |                  |                                           |                                                             |                |
| Home Telephone                        |      |                  | Work Telephone                            |                                                             |                |
| CAT INFORMATION                       |      |                  |                                           |                                                             |                |
| Cat's Name                            |      |                  | Breed                                     | Age                                                         | Rabies Expires |
| Sex<br>M    F                         | Hair | Color & Markings | Spayed/Neutered—If Yes, Date<br>YES    NO |                                                             | Veterinarian   |
| RABIES VOUCHER: VETERINARIAN USE ONLY |      |                  |                                           |                                                             |                |
| Vaccine Lot #                         |      | Date Given       |                                           | <input type="checkbox"/> 1 YR <input type="checkbox"/> 3 YR |                |
| FOR OFFICIAL USE ONLY                 |      |                  |                                           |                                                             |                |
| Fee Paid \$                           |      | Date Issued      |                                           | License No.                                                 |                |

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|---------------------------------------|------|------------------|-------------------------------------------|-------------------------------------------------------------|----------------|
| Name                                  |      |                  |                                           |                                                             |                |
| Mailing Address                       |      |                  |                                           |                                                             |                |
| Home Telephone                        |      |                  | Work Telephone                            |                                                             |                |
| CAT INFORMATION                       |      |                  |                                           |                                                             |                |
| Cat's Name                            |      |                  | Breed                                     | Age                                                         | Rabies Expires |
| Sex<br>M    F                         | Hair | Color & Markings | Spayed/Neutered—If Yes, Date<br>YES    NO |                                                             | Veterinarian   |
| RABIES VOUCHER: VETERINARIAN USE ONLY |      |                  |                                           |                                                             |                |
| Vaccine Lot #                         |      | Date Given       |                                           | <input type="checkbox"/> 1 YR <input type="checkbox"/> 3 YR |                |
| FOR OFFICIAL USE ONLY                 |      |                  |                                           |                                                             |                |
| Fee Paid \$                           |      | Date Issued      |                                           | License No.                                                 |                |