

# TOWN OF DOVER

37 N. SUSSEX ST  
DOVER, NEW JERSEY 07801  
Telephone: (973) 366-2200 x1159  
Fax: (973) 328-6524



James P. Dodd, Mayor

Dear Applicant:

It is time to renew your cat's license for **2018**. Please complete the application and return to the Licensing Division at the address above along with the appropriate fee by **February 28, 2018**.

Thank You.

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## 2018 CAT LICENSE APPLICATION

OWNER'S NAME \_\_\_\_\_ 2017 LICENSE # \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

CAT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ CAT: SEX: M OR F

BREED: \_\_\_\_\_ COLOR AND MARKINGS: \_\_\_\_\_

HAIR: SHORT MED LONG

IS YOUR CAT SPAYED OR NEUTERED? YES  NO

## RABIES VACCINATION INFORMATION

Proof of a current rabies vaccination is required.

**\*\*Rabies vaccination must not expire prior to November 1<sup>st</sup> of the licensing year\*\***

1. Please provide a valid certificate if your cat was vaccinated by your personal veterinarian; or
2. If your cat was vaccinated at a Town of Dover Rabies Clinic, please provide the date of vaccination

\_\_\_\_\_

## REGISTRATION FEES

\$ 16.00 per Spayed Female or Neutered Male

\$ 19.00 per Unspayed Female or Unneutered Male

**\*\*NOTE: RENEWALS RECEIVED AFTER 2/28/18 WILL INCUR A \$10.00 LATE FEE  
AN ADDITIONAL \$1.00 PER MONTH WILL BE ADDED AFTER 3/31/18\*\***

*Late fee applies to each cat*

MAKE CHECK/MONEY ORDER PAYABLE TO: TOWN OF DOVER

Application and payment may be dropped in the DRIVE UP BLACK DROP BOX located on the south side of Town Hall or in the DROP SLOT located in the Licensing Division Office.

**(NO CASH IS TO BE DROPPED AT EITHER LOCATION)**

**ADDITIONAL CATS**

CAT'S NAME: \_\_\_\_\_ 2017 LICENSE # \_\_\_\_\_ CAT: SEX: M OR F

BREED: \_\_\_\_\_ HAIR: SHORT MED LONG AGE: \_\_\_\_\_

COLOR AND MARKINGS: \_\_\_\_\_ SPAYED/NEUTERED YES \_\_\_ NO \_\_\_

**Please provide a valid certificate if your cat was vaccinated by your personal veterinarian or the date your cat was vaccinated at the Town of Dover Rabies Clinic \_\_\_\_\_**

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CAT'S NAME: \_\_\_\_\_ 2017 LICENSE # \_\_\_\_\_ CAT: SEX: M OR F

BREED: \_\_\_\_\_ HAIR: SHORT MED LONG AGE: \_\_\_\_\_

COLOR AND MARKINGS: \_\_\_\_\_ SPAYED/NEUTERED YES \_\_\_ NO \_\_\_

**Please provide a valid certificate if your cat was vaccinated by your personal veterinarian or provide the date your cat was vaccinated at the Town of Dover Rabies Clinic \_\_\_\_\_**

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CAT'S NAME: \_\_\_\_\_ 2017 LICENSE # \_\_\_\_\_ CAT: SEX: M OR F

BREED: \_\_\_\_\_ HAIR: SHORT MED LONG AGE: \_\_\_\_\_

COLOR AND MARKINGS: \_\_\_\_\_ SPAYED/NEUTERED YES \_\_\_ NO \_\_\_

**Please provide a valid certificate if your cat was vaccinated by your personal veterinarian or provide the date your cat was vaccinated at the Town of Dover Rabies Clinic \_\_\_\_\_**

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CAT'S NAME: \_\_\_\_\_ 2017 LICENSE # \_\_\_\_\_ CAT: SEX: M OR F

BREED: \_\_\_\_\_ HAIR: SHORT MED LONG AGE: \_\_\_\_\_

COLOR AND MARKINGS: \_\_\_\_\_ SPAYED/NEUTERED YES \_\_\_ NO \_\_\_

**Please provide a valid certificate if your cat was vaccinated by your personal veterinarian or provide the date your cat was vaccinated at the Town of Dover Rabies Clinic \_\_\_\_\_**

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