



Borough of Mendham  
6 West Main Street, Mendham, NJ 07945

Return Application to the  
Mendham Borough Board of Health

Phone: 973-543-7152 \*10  
Fax: 973-543-2290

## CAT LICENSE APPLICATION

### 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 "Borough of Mendham". Cash payments are only accepted in person. Please mail your application to Karen Orgera at address above. License fees are as follows:

Cats Neutered or Spayed.....\$15.00

Cats Not Neutered or Spayed.....\$18.00

Late Fee\*\*....\$10.00

\*\* Late fees are applied per animal if renewal license is not obtained by February 1<sup>st</sup> of the licensing year.

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

### Owner Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### Cat Information

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

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

Hair Length (Check One):  Short Haired  
 Medium Haired  Long Haired  
Is cat spayed or neutered (Check One)\*:  Yes  No  
\* **Proof of Spay/Neuter Required for New Licenses**

Sex:  Male  Female

Rabies Expiration Date\*: \_\_\_\_\_  
**\* Proof of Rabies Immunization Must Be Provided and Must Not Expire Before November 1st of the Licensing Year.**

Microchip Number (If Applicable): \_\_\_\_\_ Declawed (Check One):  Yes  No

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: \_\_\_\_\_