TOWNSHIP OF HILLSIDE

HEALTH DEPARTMENT
Municipal Building
Liberty and Hillside Avenues
Hillside, New Jersey 07205

HILLSIDE HEALTH DEPARTMENT
2026 CAT LICENSE APPLICATION

ALL LICENSES EXPIRE JANUARY 31ST

OWNERS NAME: _____

ADDRESS: _____ **PHONE** _____

EMAIL ADDRESS: _____

SIGNATURE: _____

CAT'S SEX: MALE__ FEMALE__ SPAYED/NEUTERED YES___NO___

CAT IS NO LONGER HERE: ( ) DECEASED ( ) MOVED ( ) SURRENDERED ( ) OTHER

BREED: _____ **COLOR(S):** _____

HAIR: SHORT_____ LONG_____ MEDIUM:_____ AGE_____

CAT'S NAME:_____ **RABIES EXP. DATE**_____

SPAYED ( ) / NEUTERED ( ) **NO ( )**

LICENSE AMOUNT: $_____ **CHECK #**_____ **CASH AMT:**_____

MALE/FEMALE SPAYED/NEUTERED - $5.00
MALE NON NEUTERED - $8.00
FEMALE NON SPAYED - $8.50

AFTER APRIL 1ST ADD $3.00 LATE CHARGE

ADDRESS:

HEALTH DEPARTMENT
MUNICIPAL BUILDING
HILLSIDE, N.J. 07205
(973)926-4535