



West Windsor Township

271 Clarksville Road, West Windsor, NJ 08550 * Tel. (609) 936-8400
Health@westwindsortwp.gov * www.westwindsortwp.gov

DEPARTMENT OF HUMAN SERVICES
Division of Health

CAT LICENSE APPLICATION

West Windsor Township Ordinance requires that all cats over 7 months of age be licensed, including indoor-only cats.

The fee for this license is **\$7.00** for a spayed/neutered cat and **\$10.00** for a non-spayed/neutered cat. Renewal of cat licenses are due by April 30th annually.

Cat licenses issued after April 30th are charged a **\$2.00 late fee** (see table below) per month for every month the license is not renewed. **The late fee does not apply to new pets.**

Late Fee if paid in May	Late Fee if paid in June	Late Fee if paid in July	Late Fee if paid in August	Late Fee if paid in September
Altered - \$9.00 Non- Altered - \$12.00	Altered - \$11.00 Non- Altered - \$14.00	Altered - \$13.00 Non- Altered - \$16.00	Altered - \$15.00 Non- Altered - \$18.00	Altered - \$17.00 Non- Altered - \$20.00
Late Fee if paid in October	Late Fee if paid in November	Late Fee if paid in December	Late Fee if paid in January	Late Fee if paid in February
Altered - \$19.00 Non- Altered - \$22.00	Altered - \$21.00 Non- Altered - \$24.00	Altered - \$23.00 Non- Altered - \$26.00	Altered - \$25.00 Non- Altered - \$28.00	Altered - \$27.00 Non- Altered - \$30.00

Separate checks are required for each pet licensed. Complete the registration form and return with the appropriate fee and required attachments. Initial cat license applicants shall **include spaying/neutering documentation** from a veterinarian if applicable.

License Application & payment may be submitted (cash or check only):

West Windsor Township, Health Department, 271 Clarksville Road, West Windsor, NJ 08550

Initial Renewal Last License No. _____

Pet Owner's Name: (First Name) _____ (Last Name) _____

Address: _____ City & Zip Code: _____

Phone Number: _____ Emergency Number: _____

Email: _____

Cat's Name: _____ Sex: M F Cat's Birthday ____/____/____ Age: ____

Hair: Long Medium Short Breed: _____

Color/Markings: _____ Rabies Expiration date: ____/____/____

Veterinarian: _____

1. **Important Note:** Rabies Vaccination must be current and **Not Expired**. {Remember to Enclose Proof}

2. Spayed / Neutered: Yes No Date: ____/____/____

Please circle one, if applicable: I certify that my pet is a Service Animal / Seeing Eye / Hearing Ear

I certify that the information provided herein is true to the best of my knowledge.

Signature: _____ Date: ____/____/____