

BOROUGH OF SOUTH PLAINFIELD
DOG & CAT LICENSE APPLICATION

**IF PET IS DECEASED OR NO LONGER OWNED CHECK BOX & RETURN FORM, OR CALL OR EMAIL US
AND WE WILL REMOVE YOU FROM OUR SYSTEM TO PREVENT RECEIVING LATE NOTICES**

OWNER INFORMATION

Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email address: _____

CHECK BOX IF YOU ARE A DANIEL'S LAW REGISTRANT (PROOF MUST BE PROVIDED)

PET INFORMATION

CHECK BOX IF THIS IS A NEW PET

Pet's Name: _____ Dog or Cat Age: _____

Breed: _____ Sex: Male or Female

Color(s): _____ Hair Length: Short Medium Long

Spayed or Neutered: Yes or No (If Yes, attach proof received from vet.)

Rabies Expiration Date: _____ (Attach a valid rabies certificate from vet.)

STATE LAW requires that in order to issue a license the rabies vaccination must not expire prior to November 1st of the licensing year.

PAYMENT INFORMATION

SPAYED / NEUTERED PETS \$15.00

NON- SPAYED /NON-NEUTERED PETS \$20.00

(Written proof required)

Make a check payable to: South Plainfield Health Dept. or if paying by cash, please have exact change.

Apply in Person or Mail to: South Plainfield Health Dept.
2480 Plainfield Avenue
South Plainfield, NJ 07080

PLEASE PROVIDE A SELF-ADDRESSED STAMPED ENVELOPE when applying by mail.

Office Hours: Monday – Friday 8:00 AM to 4:00 PM.

Phone: 908-226-7605 or 908-226-7607

Email: jbonnell@southplainfieldnj.com or rvoelkel@southplainfieldnj.com