

**BOROUGH OF SOUTH PLAINFIELD**  
**DOG & CAT LICENCE APPLICATION**

**IF PET IS DECEASED OR NO LONGER OWNED CHECK BOX & RETURN FORM,**

**OR CALL OR EMAIL US – 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: \_\_\_\_\_

**PET INFORMATION**

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 1<sup>st</sup> of the licensing year.**

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**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: 908-226-7607 Email: [aantonides@southplainfieldnj.com](mailto:aantonides@southplainfieldnj.com) or [anguyen@southplainfieldnj.com](mailto:anguyen@southplainfieldnj.com)