

**BOROUGH OF SOUTH PLAINFIELD**  
**DOG & CAT LICENSE APPLICATION**  
PRINT OUT

**Owner Information**

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**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**

SPAY/NEUTERED PETS	\$11.00	NON SPAY/NEUTERED PETS	\$14.00
(Written proof required)			

**(\$1.00 a month late fee is required after January 31. See chart under Animal Licensing Information on the borough website.)**

**Make 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