

BOROUGH OF SOUTH PLAINFIELD
DOG & CAT LICENSE APPLICATION

Owner Information

New

Existing

Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ Work Phone: _____

Pet Information

Pet's Name: _____ Dog Cat Age: _____

Breed: _____ Sex: Male Female

Color(s): _____ Hair Length Short Medium Long

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

Rabies Expiration Date: _____ (Mail 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.

Please use the checkbox if you are attaching a Rabies Form.