



**Public Health**  
Prevent. Promote. Protect.

# West Windsor Township

Phone Number: 609-936-8400

[Health@westwindsortwp.com](mailto:Health@westwindsortwp.com) \* [www.westwindsonj.org](http://www.westwindsonj.org)

## CAT LICENSE RENEWAL APPLICATION

### Conditions of Application:

1. Please provide us with updated changes
2. Township Code requires that all cats be licensed and have a current tag affixed to a collar or harness.
3. Rabies vaccinations which are expired, MUST be updated.
  - A copy of the new rabies certificate must be submitted along with this application.
  - New applicants must fill out a new owner or new resident application.
6. If the pet is ALTERED: spayed /neutered, written documentation from a veterinarian must attached to application.
7. Once validated, this Cat License will expire on March 31<sup>st</sup> of each year.
8. No cats are permitted to run at large. Owners found in violation will be subject to fines.

### Payment Information:

- Renewals issued after April 30th are charged a \$2.00 late fee per month. [How much do I owe?](#)
- Return renewal Application & Payment with supporting documents to:  
West Windsor Township, Health Department  
271 Clarksville Road West Windsor, NJ 08550
- Fees payable by Check, Cash or money order
- Separate checks are required for each pet license
- Licensing fees are waived for Disability and Service Cats.

**Pet Owner's Name:** \_\_\_\_\_ Last License #: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

Phone Number. \_\_\_\_\_ Emergency Number. \_\_\_\_\_

Email: \_\_\_\_\_ Spay/Neutered (Y/N) \_\_\_\_\_

**Cat's Name:** \_\_\_\_\_ Sex: M  F  Cat's Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Hair: Long  Medium  Short  Breed: \_\_\_\_\_

Color/Markings: \_\_\_\_\_ Rabies Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Veterinarian's Name and number: \_\_\_\_\_

### OWNER CERTIFICATION:

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

Owner Signature: \_\_\_\_\_