



Township of Cranford

Health Department

8 Springfield Avenue • Cranford, New Jersey 07016-2199
(908) 709-7238 • Fax (908) 497-1540
health@cranfordnj.org

DOG & CAT LICENSE APPLICATION

Dog: _____ Cat: _____

OWNER INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

PET INFORMATION

Breed: _____ Pet Name: _____

Color: _____ Gender: M / F DOB or Age: _____

Spay/Neutered: _____ Yes--\$18.00 fee _____ No--\$21.00 fee

CHECK: _____ CASH: _____ CREDIT CARD: _____ OTHER: _____

Checks should be made payable to the Township of Cranford

Expiration of Rabies Vaccination – NJ Regulations require that rabies vaccinations for dog licensing cannot expire prior to September 1st of the year for which the license is being issued.

Current Rabies Expiration Date: _____

A copy of the rabies certificate must be presented with this application or the application will not be processed.

NOTE: THIS LICENSE EXPIRES DECEMBER 31 AND MUST BE RENEWED IN JANUARY OF NEXT YEAR