



**TOWNSHIP OF CRANFORD  
HEALTH DEPARTMENT**

8 Springfield Avenue Cranford, NJ 07016  
(P): 908-709-7299 (F): 908-497-1540 (E): [health@cranfordnj.org](mailto:health@cranfordnj.org)

**DOG & CAT LICENSE APPLICATION**

Dog: \_\_\_\_\_ Cat: \_\_\_\_\_

**Owner Information**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Pet Information**

Breed: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Color: \_\_\_\_\_ Gender: M / F Age: \_\_\_\_\_

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

CHECK: \_\_\_\_\_ CASH: \_\_\_\_\_ OTHER: \_\_\_\_\_

Current Expiration: \_\_\_\_\_

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

**\*Expiration of Rabies Vaccination--N.J. Regulations require that rabies vaccinations for dog and cat licensing cannot expire prior to November 1st of the year for which the license is being issued.**

**\*THIS LICENSE EXPIRES DECEMBER 31 AND MUST BE RENEWED IN JANUARY OF NEXT YEAR!**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Checks should be made payable to the Township of Cranford