



**DEPARTMENT OF HEALTH, ENVIRONMENT, AND VITAL STATISTICS**

Montgomery Township Municipal Building  
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**CAT LICENSE APPLICATION**

All pet licenses are renewable during the month of January and may be purchased at the Health Department or by Mail.

*Cat owners are encouraged to mail the enclosed application to the address listed above with the following:*

1. The completed application.
2. A valid **Rabies Vaccination (valid until October 31st of the licensing year)**
3. A self-addressed and stamped letter size envelope.
4. Check or money order made payable to: **Township of Montgomery.**

**Cat License Fee Schedule**

**Spayed/Neutered** \$10.00  
**Non-Spayed/Neutered** \$15.00

**Multi-Cat Household** \$25.00 *for 3 or more neutered cats—Include detailed information for each cat as described below*

|   |
|---|
| <p><i>For Health Department Use:</i></p> <p><b>TAG NUMBER</b> _____</p> |
|---|

Cat's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Hair Length: \_\_\_\_\_

Spayed/Neutered: \_\_\_\_\_ Rabies Vaccine Expires: \_\_\_\_\_

Vets Name & Phone#: \_\_\_\_\_

Owners Name & Address: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Day time/Cell: \_\_\_\_\_

\*If your cat can not get a rabies vaccine due to medical reasons please have your vet fill out form on reverse side\*

**New Jersey Department of Health  
CERTIFICATE OF EXEMPTION FROM RABIES VACCINATION**

|  |  |  |
|--|--|--|
| Name of Owner (Print)  |  | Telephone Number   |
| Street Address   | City, State, Zip   |  |
| Animal Name  | Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female | Neutered<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Species  | Age  | Weight   |
| Breed  | Color(s)   |  |
| <p>The animal described above has been examined by me on: _____ and I have determined that it would be medically contraindicated to vaccinate this animal due to an infirmity, other physical condition, or regimen of therapy.</p> <p>Describe nature and duration of infirmity, other physical condition, or regimen of therapy:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>PLEASE NOTE: A reluctance to administer a rabies vaccine prior to the expiration of the previous vaccination will not be accepted as a valid reason for an exemption. Early boosting has not been associated with an increased occurrence of adverse reactions and is not medically contraindicated.</p>  |  |  |
| Name of Veterinarian (Print)   |  | License Number   |
| Address  |  |  |
| Signature of Veterinarian  |  | Date   |
| <p><b>This certificate is valid until _____ (not to exceed one year from date of last examination).</b></p>  |  |  |
| <p>By signing below, I acknowledge that I am the owner of the animal described above. I have been informed that this animal is exempt from rabies vaccination for a period of up to one year. I have also been informed of the following important information:</p> <ul style="list-style-type: none"> <li>• This animal must be re-examined by the expiration date listed above. At that time the animal must either be vaccinated against rabies or, if exemption status still applies, a new certificate must be issued.</li> <li>• Once the duration of immunity from the last rabies vaccination has lapsed, this animal is not protected against rabies and, as a result, is at increased risk of becoming infected if exposed to a rabid animal.</li> <li>• It is recommended that the animal be closely observed when outside, walked on a leash and not allowed to run at large. Prevent the animal from coming into contact with suspect rabid animals such as raccoons, skunks, foxes, groundhogs, bats and free-roaming cats.</li> <li>• Exemption from rabies vaccination does not exempt the animal from other laws related to rabies. If this animal is potentially exposed to rabies (e.g., due to a bite or exposure from a rabid or suspect rabid animal), the local health agency will require it to be euthanized or quarantined for six months. If this animal potentially exposes a person to rabies (by bite or other means), it must be confined for 10 days as approved by the local health agency where the animal resides.</li> </ul> |  |  |
| Signature of Owner   |  | Date Signed  |

A copy of this certificate must be provided to the owner of the animal listed above and kept as proof of exemption.  
**For dogs, this certificate must be presented with an application for a dog license.**