



# CITY OF PLAINFIELD

DIVISION OF HEALTH  
510 WATCHUNG AVENUE  
PLAINFIELD, NEW JERSEY 07060  
(908) 753-3092 – FAX (908) 753-3679



**Adrian O. Mapp**  
*Mayor*

**Dr. Atif Nazir**  
*Health Officer*

Dear Licensee:

New Jersey state law requires that all dogs over the age of four months be vaccinated against rabies and be licensed through the local animal care and control agency; in this case the City of Plainfield Division of Health. The City requires the same provisions and also requires rabies vaccination and licensing for cats.

Licensing is an important means of identification and can help you find your pet if it becomes lost. License revenues are also a vital means of support that helps the City promote and protect human and animal safety.

Pet licenses are valid for one year and require the annual submission of an Animal License Form. You may license your pet in person by bringing the completed Animal License Form along with the appropriate fee to the City of Plainfield, Office of Vital Statistics located in the City Hall Annex, 510 Watchung Avenue, 1st Floor, Plainfield, NJ 07060 during normal business hours.

Since the application fee changes annually, please contact the Office of Vital Statistics at (908)753-3093 to ensure the current fees.

On behalf of the Health Division, I would like to extend our appreciation for your participation in this worthwhile program.

Should you have any questions or require additional information, the Health Division is open weekdays from 9:00 AM to 5:00 PM and can be contacted at (908) 753-3092.

Sincerely,

Division of Health

City of Plainfield Animal Control



Animal License Form
(Use back side of form for additional pets)

Pet Owner Information:

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

PLEASE PRINT CLEARLY

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

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

Mailing Address (if different from above) \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DL # State: \_\_\_\_\_ Number: \_\_\_\_\_ Email address \_\_\_\_\_

A copy of a Rabies Vaccination Certificate and proof of sterilization (if applicable) from a veterinarian must be included for each pet

Pet's Name: \_\_\_\_\_ New [ ] Renewal [ ]

Type: Dog [ ] Cat [ ] SEX: Male [ ] Female [ ] Is Animal Sterilized? YES [ ] NO [ ]

Breed: \_\_\_\_\_ Age (in years): \_\_\_\_\_

Primary Color: \_\_\_\_\_ Other Colors \_\_\_\_\_ Hair: Short: \_\_\_ Long \_\_\_

Other Identification (such as a Micro-chip, tattoo, etc): \_\_\_\_\_

For Office use only: Lic.# \_\_\_\_\_ Date: \_\_\_\_\_ 1yr [ ]

Pet's Name: \_\_\_\_\_ New [ ] Renewal [ ]

Type: Dog [ ] Cat [ ] SEX: Male [ ] Female [ ] Is Animal Sterilized? YES [ ] NO [ ]

Breed: \_\_\_\_\_ Age (in years): \_\_\_\_\_

Primary Color: \_\_\_\_\_ Other Colors \_\_\_\_\_ Hair: Short: \_\_\_ Long \_\_\_

Other Identification (such as a Micro-chip, tattoo, etc): \_\_\_\_\_

For Office use only: Lic.# \_\_\_\_\_ Date: \_\_\_\_\_ 1yr [ ]

I certify that the above information is correct, that I am 18 years of age or older, and that I am the owner of the above described pet (s).

Pet Owner(s) Signature \_\_\_\_\_

Date \_\_\_\_\_

**A copy of a Rabies Vaccination Certificate and proof of sterilization (if applicable) from a veterinarian must be included for each pet**

Pet's Name: \_\_\_\_\_ New  Renewal

Type: Dog  Cat  SEX: Male  Female  Is Animal Sterilized? YES  NO

Breed: \_\_\_\_\_ Age (in years): \_\_\_\_\_

Primary Color: \_\_\_\_\_ Other Colors \_\_\_\_\_ Hair: Short: \_\_\_ Long \_\_\_

Other Identification (such as a Micro-chip, tattoo, etc): \_\_\_\_\_

For Office use only: Lic.# \_\_\_\_\_ Date: \_\_\_\_\_ 1yr

Pet's Name: \_\_\_\_\_ New  Renewal

Type: Dog  Cat  SEX: Male  Female  Is Animal Sterilized? YES  NO

Breed: \_\_\_\_\_ Age (in years): \_\_\_\_\_

Primary Color: \_\_\_\_\_ Other Colors \_\_\_\_\_ Hair: Short: \_\_\_ Long \_\_\_

Other Identification (such as a Micro-chip, tattoo, etc): \_\_\_\_\_

For Office use only: Lic.# \_\_\_\_\_ Date: \_\_\_\_\_ 1yr

Pet's Name: \_\_\_\_\_ New  Renewal

Type: Dog  Cat  SEX: Male  Female  Is Animal Sterilized? YES  NO

Breed: \_\_\_\_\_ Age (in years): \_\_\_\_\_

Primary Color: \_\_\_\_\_ Other Colors \_\_\_\_\_ Hair: Short: \_\_\_ Long \_\_\_

Other Identification (such as a Micro-chip, tattoo, etc): \_\_\_\_\_

For Office use only: Lic.# \_\_\_\_\_ Date: \_\_\_\_\_ 1yr

Pet's Name: \_\_\_\_\_ New  Renewal

Type: Dog  Cat  SEX: Male  Female  Is Animal Sterilized? YES  NO

Breed: \_\_\_\_\_ Age (in years): \_\_\_\_\_

Primary Color: \_\_\_\_\_ Other Colors \_\_\_\_\_ Hair: Short: \_\_\_ Long \_\_\_

Other Identification (such as a Micro-chip, tattoo, etc): \_\_\_\_\_

For Office use only: Lic.# \_\_\_\_\_ Date: \_\_\_\_\_ 1yr