



**TOWNSHIP OF FAIRFIELD**  
**230 FAIRFIELD ROAD, FAIRFIELD, NJ 07004**  
**PHONE: 973-882-2700, DEPT. EXT. 2501**  
**FAX: 973-882-0365**

**MUNICIPAL CLERK / VITAL STATISTICS**

## New Dog / Cat Application

Please fill out the following application for **NEW dogs or cats only**. Dogs must be a minimum of six months old to be issued a new license. Please mail in this application to the Municipal Clerk's Office along with:

- A check payable to the "Township of Fairfield"
- Copy of Current Rabies Vaccination Certificate (must be valid no less than 10 months of the current licensing year)
- Copy of Spay/Neuter Certificate (if you wish to qualify for a \$3.00 reduction in license fee). Proof of Spay/Neutered must only be supplied one time; it will be on your pet's permanent record thereafter.

**OR**

Feel free to come to the Municipal Clerk's Office between 9:00 a.m. and 4:00 p.m. weekdays to fill out an application.

**FEES:**

**DOGS** - \$ 15.00 if Spayed/Neutered  
 \$ 18.00 if Un-spayed/Un-neutered

**CATS** - \$ 5.00 if Spayed/Neutered for 1<sup>st</sup> cat (+ \$ 3.00 for each additional cat)  
 \$ 8.00 if Un-spayed/Un-neutered for 1<sup>st</sup> cat (+ \$6.00 for each additional cat)

|                            |   |                            |                             |   |
|----------------------------|---|----------------------------|-----------------------------|---|
| <b>Owner's Name</b>        |   | <b>Address</b>             |                             | <b>Telephone Number</b>                             |
| <b>Email Address</b>       |   | <b>Pet's Name</b>          |                             | <b>Pet's Age</b>                                    |
| <b>Male or Female</b>      | <b>Hair Length</b><br>Short _____<br>Medium _____<br>Long _____ | <b>Breed</b>               | <b>Color &amp; Markings</b> | <b>Spayed/Neutered</b><br><br>Yes _____<br>No _____ |
| <b>Date Rabies Expires</b> |   | <b>Veterinarian's name</b> |                             |   |