

BOROUGH OF BUENA

616 CENTRAL AVE. • MINOTOLA, NEW JERSEY 08341 • 856.697.9393

ANNUAL CAT REGISTRATION NEW/RENEWAL FORM

OWNER'S  
NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING  
ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ALTERNATIVE PHONE# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PET'S NAME: \_\_\_\_\_

BREED: \_\_\_\_\_ HAIR LENGTH: SHORT \_\_\_ MEDIUM \_\_\_ LONG \_\_\_

ANIMAL SIZE: SMALL \_\_\_ MEDIUM \_\_\_ LARGE \_\_\_

SEX: M \_\_\_ F \_\_\_ AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

MICROCHIP/TATOO# \_\_\_\_\_

COLOR & MARKINGS: \_\_\_\_\_

**\*MUST PROVIDE CERTIFICATE OF PROOF OF SPAY/NEUTER – IF NOT ON FILE\***

SPAYED OR NEUTERED ( ) NO IF ( ) YES DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

VETERINARIAN \_\_\_\_\_ PHONE# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

RABIES EXPIRES: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rabies vaccinations must extend through at least ten months of the twelve-month license period

**\*PLEASE ATTACH COPY OF PROOF OF RABIES INNOCULATION\***

SERVICE ANIMAL-SEEING/HEARING: YES \_\_\_ NO \_\_\_ PLEASE ATTACH COPY OF PROOF