



Sharon Robinson-Briggs
MAYOR

CITY OF PLAINFIELD
DEPARTMENT OF ADMINISTRATION, FINANCE, HEALTH
AND SOCIAL SERVICES
DIVISION OF HEALTH
510 WATCHUNG AVENUE
PLAINFIELD, NEW JERSEY 07060



Alfred R. Restaino
DIRECTOR

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 applicable fee changes annually, please contact the Office of Vital Statistics is 908 753-3093 to secure 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 week days from 9:00 AM to 5:00 PM and can be contacted at (908) 753-3092.

Sincerely,
The Health Division

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: _____ E-Mail 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: _____

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: _____

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: _____

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: _____

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: _____

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For Office use only: Lic.# _____ Date: _____