CONYNGHAM BOROUGH
CAT LICENSE APPLICATION

Date of Application: _____
Fee: $5.00

CAT OWNER INFORMATION:

Last Name: _____ First Name: _____

Address: _____

Contact Number:( )_____-_____

CAT INFORMATION:

Cat's Name: _____

Cat's Date of Birth: _____ Age: _____

Sex: □ Male □ Female

Breed: _____

Color/Markings: _____

Hair Length (Check One): □ Short Haired
□ Long Haired

Is cat spayed or neutered (Check One): □ Yes □ No **(If Yes, Attach Proof of Spay/Neuter)**

Is cat immunized for rabies (Check One): □ Yes □ No **(If Yes, Attach Proof of Rabies Immunization)**

I certify that the information provided herein is true to the best of my knowledge. I agree to comply with the provisions of the Conyngham Borough Cat Control Ordinance.

Owner's Signature: _____

CAT LICENSE
(THIS PART TO BE COMPLETED BY BOROUGH)

Cat License: □ Denied (If Denied state reason: _____)
□ Approved (If Approved complete the following:

Date License Issued: _____ License No.: _____ Fee Paid: _____

Issued by: _____