

DOG LICENSE FEES

Help us protect animals from abuse, neglect and cruel treatment. By buying your dog(s) a license, you are funding animal abuse prevention programs in Waukesha County.


All dogs six (6) months or older that live within the City of Pewaukee are required to be licensed before April 1, 2012. **Proof of a rabies vaccination and alteration are required and must be presented.**

Pewaukee ordinances do not permit dogs to be at large. Animals must always be under the control of the owner or leased. Pet owners are reminded that they must pick up after their pets. The keeping of more than 3 dogs will require a kennel license obtained from the city.

DO NOT INCLUDE THE DOG LICENSE FEE WITH ANY OTHER PAYMENT.

A **separate check is required** and should be mailed directly to City Hall located at W240 N3065 Pewaukee Road – Pewaukee, WI 53072.

Please include a self-addressed stamped envelope. Your veterinary papers will be returned to you with your license.

	<u>2012 DOG LICENSE REGISTRATION</u>		Office Use Only # _____
	_____ (Owner's Name)		
_____ (Address)			
_____ (City)	_____ (Zip)	(_____) _____ (Phone)	
_____ (Dog's Name)	_____ (Breed)	_____ (Color)	
FEE: <input type="checkbox"/> Male \$17.00 <input type="checkbox"/> Neutered Male \$12.00 <input type="checkbox"/> Female \$17.00 <input type="checkbox"/> Spayed Female \$12.00 <input type="checkbox"/> Late Fee (after 3/31/2012) \$ 5.00		Please remit check payable to: City of Pewaukee W240 N3065 Pewaukee Road Pewaukee, WI 53072	
Clinic Name: _____		Phone: (_____) _____	
Rabies Immunization Date: ____/____/____		Expiration Date: ____/____/____	
Serial Number: _____			
Name of Rabies Vaccine Producer: (check one)			
<input type="checkbox"/> IMRAB <input type="checkbox"/> Pfizer <input type="checkbox"/> Defensor <input type="checkbox"/> Merial <input type="checkbox"/> Other _____			
I certify that the above information is accurate and that the animal to be licensed has a current rabies shot. I have proven this by providing a copy of the inoculation certificate.			
Signature: _____		Date: ____/____/____	

Please report all animal mistreatment concerns to Jill at the Waukesha Humane Society (262) 896-8330.