

DOG LICENSE APPLICATION

*** ONLY ONE DOG PER APPLICATION ***

Owner's Name:			
Address:			
City:			
Zip Code:	Phone Number: ()		
Dog's Name:			
Color of Dog:	Breed:		
The City does NOT keep your Veterinary records on file.	Rabies Vaccination Expiration Date: ____/____/____ Proof is required annually		
Name of Veterinary Clinic:			
Phone Number: ()			
** Proof of alteration is required annually **			
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 Assessed after March 31 st			\$5.00 <input type="checkbox"/>

Do NOT include utility or tax payments with this submittal.

FOR OFFICE USE ONLY:

We ONLY Accept:	License Number Issued:
<input type="checkbox"/> Cash	
<input type="checkbox"/> Check	

**IF YOU ARE MAILING IN YOUR REQUEST:
YOU MUST PROVIDE A
SELF ADDRESSED STAMPED ENVELOPE**

Please remit check payable to:

City of Pewaukee

W240 N3065 Pewaukee Road ~ Pewaukee, WI 53072

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