

# DOG LICENSE APPLICATION

**\* ONLY ONE DOG PER APPLICATION \***

Owner's Name:			
Address:			
City:			
Zip Code:	Phone Number: ( )		
Dog's Name:			
Color of Dog:	Breed:		
<b>Proof of Rabies Vaccination is Required and Must be Provided</b>	Rabies Vaccination Expiration Date: _____/_____/_____		
Name of Veterinary Clinic:			
Phone Number: ( )			
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 <sup>st</sup>			\$5.00 <input type="checkbox"/>

**FOR OFFICE USE ONLY:**

<b>Payment Type:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check	<b>License Number Issued:</b>  
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**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

**Do NOT include any other payments with this submittal.**

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