STATE OF WISCONSIN, WASHINGTON COUNTY TOWN OF WEST BEND DOG LICENSE APPLICATION

Every person who owns, harbors or keeps a dog that is more than five months old in the Town of West Bend must license the dog(s).

*NOTE: IF THE DOG NO LONGER LIVES IN THE TOWN OF WEST BEND, COMPLETE AFFIDAVIT ON THE BACK SIDE OF FORM

Name – Own	er/Keeper of the dog(s)):		PHONE ()
		Last Name	First Name	
Address:Street			City	WI Zip
		ched rabies information is true	•	•
DOG OWNER	SIGNATURE:			DATE:
****		CH A COPY OF RABIES CE		CH DOG* ***********************************
Dog #1				Dog License #:
J	Birthdate:			LEAVE BLANK Licensing Official:
Veterinary Nar				umber: ()
Type of Dog:	() Male \$10.00	() Neutered Male \$5.00	() Female \$10.00	Exp. Date: () Spayed Female \$5.00 **********
Dog #2				Dog License #:
	Birthdate:	Breed:		LEAVE BLANK Licensing Official:
Veterinary Nar	me/Clinic:		Vet Phone No	umber: ()
Rabies info: N	lanufacturer:	Serial #:	Tag #:	Exp. Date:
Type of Dog:	() Male \$10.00	() Neutered Male \$5.00	() Female \$10.00	() Spayed Female \$5.00 *************
Dog #3	Name:	Color:		Dog License #:
	Birthdate:			LEAVE BLANK Licensing Official:
			Vet Phone No	umber: ()
Rahies info: M	lanufacturer:	Serial #:	Таσ #:	Exp. Date:
Type of Dog:	() Male \$10.00	() Neutered Male \$5.00	() Female \$10.00	() Spayed Female \$5.00 ***********************************
Dog #4	Name:	Color:		Dog License #:
	Birthdate:	Breed:		LEAVE BLANK Licensing Official:
Veterinary Name/Clinic:			Vet Phone No	umber: ()
Rabies info: Manufacturer:				Exp. Date:
Type of Dog:		() Neutered Male \$5.00		() Spayed Female \$5.00

Make check payable to The Town of West Bend. Include Application, copy(ies) of rabies certificate(s), & payment

Mail or submit in person to:

Town of West Bend Treasurer 6355 Hwy Z West Bend, WI 53095

INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE FOR RETURN OF TAG(S)

AFFIDAVIT

Please fill out, sign, and return to the Town of West Bend Treasurer

Name of dog:	
(not required by listed owner for last year's licensed dog because:) Dog is deceased) Dog ownership was transferred or has moved to: Name: City/Town/Village: Date: ***********************************
Name of dog:	
(not required by listed owner for last year's licensed dog because:) Dog is deceased) Dog ownership was transferred or has moved to: Name: City/Town/Village: Date:
	Date:
A 20 dog license is r (not required by listed owner for last year's licensed dog because:) Dog is deceased) Dog ownership was transferred or has moved to: Name: City/Town/Village: Date: ***********************************
Name of dog:	
(not required by listed owner for last year's licensed dog because:) Dog is deceased) Dog ownership was transferred or has moved to: Name: City/Town/Village: Date: ***********************************
	Date:

^{*}Penalties, Fees, and Court Costs may be imposed by Governing Agencies for violation of dog licensing laws. Current Rabies information MUST be submitted before a dog license can be issued. A \$5.00 late fee shall be collected (when applicable) from owners of dogs not licensed by April 1^{st} of each year.