STATE OF WISCONSIN
WASHINGTON COUNTY

APPLICATION/LICENSE FOR DOG

Date ____/____/____

Town of WEST BEND

Dog License No. _____
leave blank

Name-Owner/Keeper of Dog _____ Phone _____
Last First

Address _____

Name of Dog _____ Color _____ Breed _____

RABIES VAC. MFR. _____ ☐ Male $10.00 ☐ Female $10.00

EXP. DATE ____/____/____ ☐ Neutered $5.00 ☐ Spayed $5.00

Veterinary Name _____ Phone _____

DOG OWNER SIGNATURE: _____

See Back Side LICENSING OFFICIAL _____

RETURN TO LICENSING OFFICIAL

Please fill out, and sign if applicable.

Due to the disposition checked below, a _____ dog license is not required by listed owner, for the dog described on the reverse side of this card, because: ( ) Died or Killed, ( ) Sold or Given To:

Name _____ Phone _____

Address _____ T/V/C of _____ County _____

Other _____

Signature _____ 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 1st of each year. Make checks payable to the Town of West Bend and mail to:

TREASURER, 6355 HIGHWAY Z WEST BEND, WI 53095

(SEND SELF-ADDRESSED STAMPED ENVELOPE FOR RETURN OF TAG.)