



A PERFECT ENVIRONMENT

Residential ♦ Recreational ♦ Responsible

Chair  
Larry Krause  
Supervisors  
Pete Van Horn  
Billy Cpooley  
Edward Kranick  
Ron Troy  
Clerk/Treasurer  
Mary Elsner

2017 Dog License

Town of Delafield Dog Licenses expire December 31<sup>st</sup> every year. All dogs are required to be licensed. You may use this form to register your dog. Please copy this form if you have more than one animal. A late fee of \$5.00 shall be assessed the owner of each dog (5 months of age or over) who fails to obtain a dog license by April 1<sup>st</sup> of each year (this does not include new registrations).

Please Print

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Animal Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Please check only one box:

- Male (not neutered)      \$15.00      or       Male Neutered      \$10.00
- Female (not spayed)      \$15.00      or       Female Spayed      \$10.00

Late after April 1, add \$5.00 Fine      Total Due: \$ \_\_\_\_\_

No animal will be licensed without an up-to-date Rabies Certification. The information must be completed or a copy of the Rabies information must accompany this application.

Name of Vet: \_\_\_\_\_

Date of Rabies Shot: \_\_\_\_\_ Rabies Tag Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I certify that the above information is accurate and that the animal to be licensed has a current rabies shot.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To receive the tag by mail, please enclose a separate check payable to: Town of Delafield and a self-addressed, stamped envelope. Mail this form to: Town of Delafield, W302N1254 Maple Ave., Delafield, WI 53018. For additional information, call 262-646-2398.

For Office Use: License # \_\_\_\_\_ Check # \_\_\_\_\_ Duplicate Tag # \_\_\_\_\_