



DOG LICENSE FORM

TOWN OF SAUKVILLE

Ozaukee County, Wisconsin

Subject to Wisconsin Statute Chapter 174

OWNER NAME: _____

ADDRESS: _____

PHONE#: _____

RABIES CERTIFICATE: _____ YES _____ NO

COST PER PET **\$15.00**

COST PER PET IF ALTERED **\$7.00**

	PET NAME	BREED	SEX	COLOR	SPAYED/ NEUTERED
1					
2					
3					
4					

A LATE FEE WILL BE APPLIED IF REGISTERED AFTER APRIL 1ST = THIS IS AN ADDITIONAL \$10.00 PER PET

Save yourself some time and mail in your information and check. Be sure to enclose a **STAMPED, SELF-ADDRESSED ENVELOPE** to return the dog tag and receipt to your address.

Please make checks payable to: **TOWN OF SAUKVILLE**

If current **Rabies Certificate** is not of file at the Town Hall, please include a new copy. Your Vet can send a copy by **FAX**. Our Town's Fax # is **262-675-0604**.