

# STATE OF WISCONSIN, WASHINGTON COUNTY TOWN OF TRENTON DOG LICENSE APPLICATION

<b>OFFICE USE</b>
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____

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

NOTE: IF THE DOG NO LONGER LIVES IN THE TOWN OF TRENTON, COMPLETE AFFIDAVIT ON THE BACK SIDE OF THIS FORM

Owner(s)/Keeper(s): \_\_\_\_\_  
Last Name First Name

Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

<b>DOG #1</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal				
<div style="background-color: #cccccc; width: 100%; height: 20px;"></div>	Name: _____	Breed: _____	Color: _____	
	Birthdate: _____	Microchip No: _____		
Veterinarian Name/Clinic: _____			Vet Phone: (    ) _____	
Type of Dog:	<input type="checkbox"/> Male (not neutered)	<input type="checkbox"/> Neutered male	<input type="checkbox"/> Female (not spayed)	<input type="checkbox"/> Spayed female

<b>DOG #2</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal				
<div style="background-color: #cccccc; width: 100%; height: 20px;"></div>	Name: _____	Breed: _____	Color: _____	
	Birthdate: _____	Microchip No: _____		
Veterinarian Name/Clinic: _____			Vet Phone: (    ) _____	
Type of Dog:	<input type="checkbox"/> Male (not neutered)	<input type="checkbox"/> Neutered male	<input type="checkbox"/> Female (not spayed)	<input type="checkbox"/> Spayed female

<b>DOG #3</b> <input type="checkbox"/> New <input type="checkbox"/> Renewal				
<div style="background-color: #cccccc; width: 100%; height: 20px;"></div>	Name: _____	Breed: _____	Color: _____	
	Birthdate: _____	Microchip No: _____		
Veterinarian Name/Clinic: _____			Vet Phone: (    ) _____	
Type of Dog:	<input type="checkbox"/> Male (not neutered)	<input type="checkbox"/> Neutered male	<input type="checkbox"/> Female (not spayed)	<input type="checkbox"/> Spayed female

***For more than three dogs, a MULTIPLE DOG LICENSE IS REQUIRED***  
**New dogs acquired after July 1 may qualify for reduced fee**

*Wis Stats. §174.07 requires that a current copy of the rabies certificate for each dog MUST BE provided each year, even if the information has not changed.*

**CERTIFICATION: I certify that the attached rabies information is current, true and correct:**

Owner Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Make check payable and submit to:

**Town of Trenton**  
**1071 State Hwy 33E**  
**West Bend, WI 53095**

<u>Number of Dogs:</u>			
Spayed/Neutered	_____	x \$7.00 =	\$ _____
NOT Spayed/Neutered	_____	x \$12.00 =	\$ _____
<small>After April 1 <i>LATE FEES apply</i></small>			
<u>Number of Dogs:</u>	_____	x \$5.00 =	\$ _____
<b>Total Enclosed:</b>			<b>\$ _____</b>

# AFFIDAVIT

Complete, sign, and return to Town of Trenton Treasurer

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Name of dog: \_\_\_\_\_

A 20\_\_\_ dog license is 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: \_\_\_\_\_

Name of dog: \_\_\_\_\_

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

City/Town/Village: \_\_\_\_\_

Name of dog: \_\_\_\_\_

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