

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

OFFICE USE
<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: _____

DOG #1 <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

DOG #2 <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

DOG #3 <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 =	\$ _____
Total Enclosed:			\$ _____

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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