## 2024 Dog License Application

Bring in Person or Mail Application to:
Town of Delafield W302N1254 Maple Ave. Delafield, WI 53018


1. This Application
2. Fee (make check payable to Town of Delafield)
3. Proof of rabies shot (from vet)
4. Stamped, self-addressed envelope (if mailed)

Owner's Name: $\qquad$ Phone: $\qquad$
Address/Zip:
Email address: $\qquad$

Neutered Male
Non-Neutered Male
Spayed Female Unspayed Female Late Fee
$\$ 10.00$ $\$ 15.00$ $\$ 10.00$

Fee Enclosed: \$ $\qquad$

## Dog Information-Residents are limited to 3 dogs per dwelling.

Dog 1
Dog 2 (if applicable)
Dog 3 (if applicable)

Name of dog:
Name of vet:
Phone of vet:
Rabies expiration date: $\qquad$
No animal with be licensed without an up-to-date Rabies Certification.
I certify that the above information is accurate and that the animal to be licensed has a current rabies shot.
Owner's Signature: $\qquad$ Date: $\qquad$
If you would like your Dog License(s) mailed to you, remember to enclose a self-addressed stamped envelope.

For Office Use: License \# $\qquad$ Check \# $\qquad$ Duplicate Tag \# $\qquad$

