



## Dog License Application / Renewal Form

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Name of Owner(s): \_\_\_\_\_

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

Name of Dog: \_\_\_\_\_

Sex of Dog (Check One):      Male                  Neutered Male                  Female                  Spayed Female

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

The following information can be found on the Rabies Certificate issued by the Veterinarian:

Date of Rabies Vaccination: \_\_\_\_\_

Vaccine Manufacturer/Producer: \_\_\_\_\_

Serial Number of Vaccine (NOT Tag #): \_\_\_\_\_

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

A copy of the RABIES CERTIFICATE (NOT a copy of the bill from the Vet.) MUST BE submitted with each license requested. Treasurers are not allowed to accept "same as the last year"; proof must be submitted. If it is not included a license will NOT BE ISSUED. A paper stating your dog is spayed or neutered must also be submitted if a new license or the surgery was performed during the previous year.

If you have any questions, please contact Donna Henderson, Village Treasurer, by email or phone:

[treasurer@villageofforestvillewi.gov](mailto:treasurer@villageofforestvillewi.gov)                  (920) 493-8196

### Dog License Fees:

**Male - \$ 8.00                  Female - \$ 8.00                  Neutered Male - \$ 3.00                  Spayed Female - \$ 3.00**

**An additional \$5.00 late fee will be charged for each license purchased after the Spring Election.** Dog licenses should be obtained within 30 days of a dog reaching 4 months of age. Dog licenses are a County License that each municipality administers, and must be renewed or obtained EACH YEAR.

Make checks payable to: Village of Forestville. DO NOT include your payment with any other payments. Payment must stand alone. Information and payment may be mailed to: Village of Forestville, PO Box 6, Forestville, WI 54213-0006, or may be dropped off in the drop box located at Village Hall. Licenses can also be obtained 30 minutes before Regular Monthly Meeting at the Village Hall/Library.

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### For Office Use Only

Amount Received: \_\_\_\_\_ Method of Payment: \_\_\_\_\_ Date Received: \_\_\_\_\_

License Number Issued: \_\_\_\_\_ Date License Issued: \_\_\_\_\_