

VILLAGE OF KEWASKUM
 204 FIRST STREET, PO BOX 38
 KEWASKUM, WI 53040
 www.village.kewaskum.wi.us
 (262) 626-8484



All pets over five (5) months of age on January 1 of any year, or five (5) months of age within the license year, MUST be licensed annually, in compliance with WI State Statute 174.05. The license year commences on January 1 and ends on December 31.

PET LICENSE APPLICATION

THE VACCINATION CERTIFICATE MUST BE CERTIFIED BY A LICENSED VETERINARIAN AND PRESENTED AT THE TIME OF LICENSING. The certificate shall include the expiration date, the vaccination manufacturing serial number and written proof of your pet's neutering, if applicable. **A license will not be issued without proof of vaccination.**

OWNER INFORMATION

LAST NAME		FIRST NAME	
ADDRESS			PHONE NUMBER
CITY	STATE	EMAIL ADDRESS	

PET INFORMATION

DOG CAT POTBELLIED PIG

NAME OF PET	BREED	COLOR
OWNERSHIP DATE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> UNNEUTERED/UNSPAYED \$15.00 <input type="checkbox"/> NEUTERED/SPAYED \$10.00
RABIES TAG NO.	RABIES EXP. DATE	<input type="checkbox"/> A \$5.00 Late Fee is applicable from owners of pets not licensed on or before March 31st of each year
VETERINARY CLINIC		VETERINARY PHONE NUMBER

OWNER(S) SIGNATURE

A license may be purchased at the Village Hall, by mail or by placing the application, payment and rabies vaccination certificate in the payment drop box located at 204 First Street.

IF MAILING OR PLACING IN THE PAYMENT DROP BOX, A SELF-ADDRESSED STAMPED ENVELOPE MUST BE PROVIDED.

The proof of vaccination will be returned to you with your license.

Penalties, Fees and Court Costs may be imposed by Governing Agencies for violation of pet licensing laws. Current Rabies information must be submitted before a dog license can be issued.

NO LONGER OWN A PET THAT WAS LICENSED IN THE VILLAGE- Please complete and sign below:

Please check below the reason your pet does not require a 20____ pet license:

Name of Pet: _____ Deceased or Sold or Given to:

Name of New Owner: _____ Phone: _____

Address: _____ City: _____ County: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

DATE RECEIVED	LICENSE #:
LICENSE AMOUNT:	<input type="checkbox"/> \$5.00 late fee paid