

Dog License Application

STATE OF WISCONSIN
WAUKESHA COUNTY
CITY OF MUSKEGO

DOG LICENSE APPLICATION

(PLEASE PRINT THIS FORM AND COMPLETE OFF-LINE)

This application is for a dog license valid for one year, from the first of January 200 __, to the 31st day of December 200__, to keep one dog described as follows within the City limits of the City of Muskego. A separate application is required for each dog, up to two. For more than two dogs, contact the Clerk's office at 262 679-4100.

Date: _____
Last Name: _____ First Name: _____
Address: _____
Phone Number: _____
Name of Dog: _____
Breed of Dog: _____
Color of Dog: _____
Expiration Date of Rabies: _____

Dog Gender:	Male	\$15.00	Male Neutered	\$10.00
	Female	\$15.00	Female Spayed	\$10.00

Please mail this completed application to:

City of Muskego
P.O. Box 749
Muskego WI 53150

Also Include:

- A copy of the rabies certificate
- Self-addressed stamped envelope
- Check made payable to the City of Muskego

The rabies certificate will be returned to you with the dog license, tag and s hook

S/MASTERS/AP dog license web mail in

OFFICE USE ONLY:				
PAYMENT:	<input type="checkbox"/>	CHECK	CHECK # _____	AMOUNT \$ _____
	<input type="checkbox"/>	CASH	AMOUNT \$ _____	TAG #'S _____