City of West Bend
Dog & Cat License Application

(Not to be used for renewals)

LICENSING PROCEDURES:

Wisconsin State Statutes and City of West Bend Municipal Code require all dogs & cats five months of age or older to be licensed and vaccinated against rabies.

- Please use the name of the Head of Household (not minors) as the owner on all license applications.
- City Ordinance allows a maximum of two dogs and two cats per household.
- Application forms require a current rabies tag number and expiration date. This information is on the Rabies Certificate.
- License fees are based on whether or not the animal has been neutered/spayed. ($13.00 versus $8.00.) Please **make check payable to "City of West Bend"**.
- Licenses are issued for one calendar year ending December 31st regardless of date purchased.
- Renewal applications are mailed out the first week of December. Please renew in a prompt manner.
- You must notify the Finance Department if you no longer have your pet, or if you plan to move from the City.
- Violators are at risk of receiving a $208.50 citation for noncompliance. In addition, a $5.00 nonrenewal late fee will be applied after March 31st.
- Citation amount is subject to change upon approval of the Mid-Moraine Municipal Court and Common Council.

****Print Form** and mail the license application form(s) along with the appropriate fees to the: City Finance Administrator, 1115 S. Main Street; West Bend, WI 53095. Tag(s) will be mailed back to you. Office hours are Monday thru Friday, 8:00 a.m. to 4:30 p.m. City of West Bend Finance Department phone number is 335-5118.**

----------(Please cut along dotted line and return.)----------

CITY OF WEST BEND **Dog / Cat** License No._____ Date_____/_____/_____
circle one leave blank

Owner's Name_____Phone (required) _____

Address_____Zip_____

Dog/Cat Name _____ Color_____Breed_____

(Circle One) **Male ($13.00)** **Female ($13.00)**

Neutered Male ($ 8.00) **Spayed Female ($ 8.00)**

Rabies Tag No. _____ Rabies Expiration Date_____/_____/_____

Veterinary Clinic_____ OWNER SIGNATURE_____

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BY THE UNDERSIGNED, THE REQUIRED FEE OF $_____HAS BEEN RECEIVED FOR THIS_____DOG/CAT LICENSE ISSUED

ON THE _____DAY OF _____, _____. **( ) $5.00 LATE FEE IF IT APPLIES.**

LICENSING OFFICIAL_____