

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.
- Wisconsin State Statute 174.07 and City Ordinance require pet owners to provide evidence that the dog/cat is currently immunized against rabies. Please provide City with the **Rabies Certificate**.
- License fees are based on whether or not your pet 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 as license is not valid as of January 1st. Violators are at risk of a \$208.50 citation for noncompliance.
- A \$5.00 late renewal fee shall be applied per animal after March 31st.
- Please notify the Finance Department if you no longer have your pet, or have moved from the City.
- 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 _____

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 _____