

MUNICIPAL OFFICE: 2801 89th Street Sturtevant, WI 53177
Phone: 262/886-7201
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PET LICENSE APPLICATION

OWNER:

NAME: LAST, FIRST

ADDRESS:

CITY:

STATE:

ZIP:

PHONE NUMBER:

PET:

NAME:

COLOR:

BREED:

SEX: M F

NEUTERED/SPADE: Y N



NEUTERED/SPAYED

\$15.00

MALE/FEMALE: UNALTERED

\$25.00

VETERINARIAN:

VET'S NAME: _____

I. RABIES VACCINATION
DATE:

II. EXPIRATION DATE:

III. MANUFACTURER:

IV. SERIAL #:
