Click or tab to navigate within form. Use mouse to check applicable boxes.

PRINT CLEAR

Check One: ○ Home Owner
○ Renter
Phone #_____

CITY OF DELAFIELD
500 GENESEE STREET
DELAFIELD WI 53018
(262) 646-6220

NOTICE OF DOG LICENSE(S)

Dog licenses are due January 1. License fees are as follows:

Males/Females	$15.00
Neutered/Spayed	$12.00

Amount Due: $ _____
○ Cash ○ Check (#) _____

If your dog is not licensed by April 1, a $5.00 late penalty (per dog) will be added to the above fees. In addition, a citation could be issued to you by the Police Department for failure to license your dog. PLEASE NOTIFY CLERK'S OFFICE IF YOU NO LONGER OWN A DOG.

Proof of rabies vaccine showing name of veterinarian and date of vaccine, as well as expiration date is required before license can be issued, per state statutes. Please make checks payable to CITY OF DELAFIELD.

FOR OFFICE USE ONLY

License No. _____ **Date** _____**20**____

License No. _____ **Date** _____**20**____

License No. _____ **Date** _____**20**____

Owner's Name _____
Street _____
Mailing Address (check one):
○ Delafield ○ Hartland ○ Nashotah
○ Other _____
Name of Dog _____
Breed _____
Color _____
Date of Rabies Shot _____
Expiration Date _____
Rabies Tag No. _____
Vet or Clinic Name _____
Check One: ○ Male ○ Female ○ Neutered Male ○ Spayed Female

Owner's Name _____
Street _____
Mailing Address (check one):
○ Delafield ○ Hartland ○ Nashotah
○ Other _____
Name of Dog _____
Breed _____
Color _____
Date of Rabies Shot _____
Expiration Date _____
Rabies Tag No. _____
Vet or Clinic Name _____
Check One: ○ Male ○ Female ○ Neutered Male ○ Spayed Female

Owner's Name _____
Street _____
Mailing Address (check one):
○ Delafield ○ Hartland ○ Nashotah
○ Other _____
Name of Dog _____
Breed _____
Color _____
Date of Rabies Shot _____
Expiration Date _____
Rabies Tag No. _____
Vet or Clinic Name _____
Check One: ○ Male ○ Female ○ Neutered Male ○ Spayed Female

*****************PLEASE RETURN ENTIRE PAGE EVEN THOUGH YOU HAVE ONLY ONE OR TWO DOGS***************