

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 Amount Due: \$ \_\_\_\_\_  
 Neutered/Spayed \$12.00 Cash \_\_\_\_\_ Check \_\_\_\_\_ (#) \_\_\_\_\_

If your dog is not licensed by April 1, a \$10.00 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. _____	License No. _____	License No. _____
Date _____ 20____	Date _____ 20____	Date _____ 20____

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

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