

MUNICIPAL OFFICE:
2801 89th Street
Sturtevant, WI 53177
Phone: 262/886-7201
Fax: 262/886-7205



PET LICENSING APPLICATION

Owner Name:

Last First

Address

Village State/Zip Code

Email: _____

Pet Name:

Name/Color

Cat or Dog Breed

Sex: Male _____ Female _____

Neutered/Spayed Yes _____ No _____

Pet Neutered/Spayed = \$15.00

Male/Female Unaltered = \$25.00

Late filing fees may apply

Veterinarian

Name

Address

Phone

Date Rabies Vaccination _____

Expiration Date _____

Manufacturer _____

Serial # _____

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