

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



## PET LICENSING APPLICATION

**Owner Name:**

\_\_\_\_\_  
Last First

\_\_\_\_\_  
Address

\_\_\_\_\_  
Village State/Zip Code

\_\_\_\_\_  
Phone and email

**Pet Name:**

\_\_\_\_\_  
Name/Color

\_\_\_\_\_  
Cat or Dog Breed

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Neutered/Spayed Yes \_\_\_\_\_ No \_\_\_\_\_

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License must be paid by January 31. After that date, a \$10 late fee will be added to license cost.

**Pet Neutered/Spayed = \$15.00**

**Male/Female Unaltered = \$25.00**

**Veterinarian**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

**Note:**

**Veterinary documentation must accompany license request if it is a new pet or one whose vaccination has expired.**

Date Rabies Vaccination \_\_\_\_\_

Expiration Date \_\_\_\_\_

Manufacturer \_\_\_\_\_

Serial # \_\_\_\_\_

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