

TOWN OF LAWRENCE

APPLICATION FOR DOG LICENSE

OWNER INFORMATION

| | | |
|----------|--------|-----------|
| Name: | | |
| Address: | | |
| City: | State: | ZIP Code: |
| Phone: | Email: | |

DESCRIPTION OF DOG

| | | | |
|--|---------------------------------------|---|---|
| Name of Dog: | | | |
| Sex: | <input type="checkbox"/> Male \$10.00 | <input type="checkbox"/> Female \$10.00 | <input type="checkbox"/> Neutered Male \$5.00 <input type="checkbox"/> Spayed Female \$5.00 |
| Breed: | Color: | Mirco-Chip#: | |
| Veterinary Office Name: | | Phone#: | |
| **ENCLOSE CERTIFICATE FROM VET OFFICE**** | | | |
| Date Given: | Date Expires: | Vaccine Manufacturer: | |
| Serial Number: | | | |

DESCRIPTION OF DOG

| | | | |
|--|---------------------------------------|---|---|
| Name of Dog: | | | |
| Sex: | <input type="checkbox"/> Male \$10.00 | <input type="checkbox"/> Female \$10.00 | <input type="checkbox"/> Neutered Male \$5.00 <input type="checkbox"/> Spayed Female \$5.00 |
| Breed: | Color: | Mirco-Chip#: | |
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| **ENCLOSE CERTIFICATE FROM VET OFFICE**** | | | |
| Date Given: | Date Expires: | Vaccine Manufacturer: | |
| Serial Number: | | | |

LICENSING INFORMATION

- Town of Lawrence Ordinance requires that all dogs over five (5) months of age be vaccinated against rabies and licensed.
- Fee for dog license: \$5.00 for spayed/neutered (OR) \$10.00 for non-spayed/neutered; **After March 31st additional \$5.00 late fee per dog**
- Rabies Vaccinations: The rabies vaccination, which must be valid through the license period, is a **mandatory** prerequisite to the issuance of a license.
- License Period: Dog license(s) must be renewed annually and are valid for one year from January 1 through December 31.

PAYMENT INFORMATION

- Make check payable to Town of Lawrence.
 - Enclose a copy of rabies certificate(s)
 - Self-Addressed, Stamped Envelope for mailing of tag
 - Mail to:
Town of Lawrence
2400 Shady Court
De Pere, WI 54115
Phone#: 920-336-9131
Fax#: 920-336-9193
Email: Townlaw@lawrencewi.gov
- Amount Enclosed: \$_____ For Number of Dogs: _____

FOR OFFICE USE ONLY

NOTIFICATION OF RECEIPT/ISSUANCE

| | |
|----------------|----------|
| Date Received: | Check # |
| Date Issued: | License# |