

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 \$15.00 | <input type="checkbox"/> Female \$15.00 | <input type="checkbox"/> Neutered Male \$10.00 |
| 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 \$15.00 | <input type="checkbox"/> Female \$15.00 | <input type="checkbox"/> Neutered Male \$10.00 |
| Breed: | Color: | Mirco-Chip#: | |
| Veterinary Office Name: | Phone#: | | |

****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: \$10.00 for spayed/neutered (OR) \$15.00 for non-spayed/neutered; After March 31st, an 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.
- Town of Lawrence Ordinance limits no more than two (2) dogs on property zoned residential

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# |