

2010 DOG LICENSE APPLICATION

Chapter 10 of the Village of Weston's Municipal Code requires that all dogs must be licensed by the time they become four (4) months of age. **ALL PREVIOUSLY LICENSED DOGS MUST BE LICENSED BY MARCH 31, 2010 OR A LATE FEE WILL BE CHARGED OF DOUBLE THE REGULAR LICENSE FEE IN ADDITION TO THE REGULAR LICENSE FEE.** Before a license can be issued, you must furnish a rabies vaccination certificate to show proof of vaccination against rabies. A fine of \$290 may be imposed for failure to have your dog vaccinated. You may return this application in person or with payment by mail to the Village of Weston, 5500 Schofield Avenue, Weston, WI 54476.

FEES ARE AS FOLLOWS:

Neutered or Spayed	\$10.00	(new or renewal by 3/31/2010)	\$30 (renewal as of 4/1/2010)
<u>Not</u> Neutered or spayed	\$15.00	(new or renewal by 3/31/2010)	\$45 (renewal as of 4/1/2010)

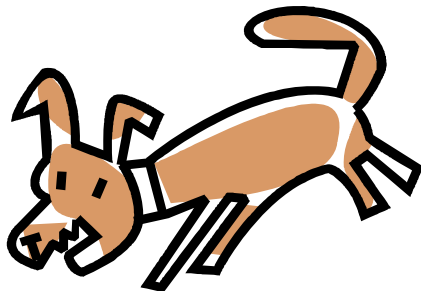
Owner Name _____
(Last Name) (First Name) (Middle Initial)

Street Address _____
(Street Address)

City, State, Zip _____
(City) (State) (Zip Code)

Property Zoning District _____ (if known) **Phone Number** _____

****NOTE: 3 dogs may be licensed per address except in Multi-Family Zoning Districts (R-3, R-4 & R-5) where only 2 dogs/unit are allowed.****

Name of Dog #1 _____ Breed _____ Color _____ Sex (Check one) ___ Male ___ Female Is Pet Neutered or Spayed? ___ Yes ___ No Rabies Tag # _____ Date of Rabies Shot _____ <small style="margin-left: 100px;">MM DD YYYY</small> Rabies Expiration Date _____ <small style="margin-left: 100px;">MM DD YYYY</small> License Fee Due \$ _____ <small style="margin-left: 50px;">(See Dog License Fees Above)</small>	Name of Dog #2 _____ Breed _____ Color _____ Sex (Check one) ___ Male ___ Female Is Pet Neutered or Spayed? ___ Yes ___ No Rabies Tag # _____ Date of Rabies Shot _____ <small style="margin-left: 100px;">MM DD YYYY</small> Rabies Expiration Date _____ <small style="margin-left: 100px;">MM DD YYYY</small> License Fee Due \$ _____ <small style="margin-left: 50px;">(See Dog License Fees Above)</small>
Name of Dog #3 _____ Breed _____ Color _____ Sex (Check one) ___ Male ___ Female Is Pet Neutered or Spayed? ___ Yes ___ No Rabies Tag # _____ Date of Rabies Shot _____ <small style="margin-left: 100px;">MM DD YYYY</small> Rabies Expiration Date _____ <small style="margin-left: 100px;">MM DD YYYY</small> License Fee Due \$ _____ <small style="margin-left: 50px;">(See Dog License Fees Above)</small>	

NO LICENSE WILL BE ISSUED WITHOUT A COPY OF A VACCINATION CERTIFICATE.