



DOG AND CAT LICENSE APPLICATION

Year: _____

All dog and cat licenses **expire on December 31st** of each year. All dogs/cats over the age of 5 months must be licensed annually in the Village of Jackson. If your dog/cat is not licensed by March 31st, a \$10.00 late fee, per pet, will apply. Owners with non-licensed pets are subject to municipal citation. State statutes require proof of current rabies vaccination be shown before a license may be issued. If mailing the application or placing it in the drop box, you must include a self-addressed stamped envelope for the license to be mailed back to you.

LICENSING FEES	
Neutered/Spayed Dog	\$10.00
Unaltered Dog	\$15.00
Neutered/Spayed Cat	\$ 7.00
Unaltered Cat	\$10.00
Late Fee Per Pet	\$10.00

OWNER INFORMATION	***SEE BACK FOR SERVICE ANIMALS***
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Name: _____

Address: _____ JACKSON, WI 53037

Phone #: _____ Email: _____

Veterinarian: _____

Dog Name	Breed	Color	Vac Mfg.	Vac Exp.	Vac. Serial	M/F	Neutered/ Spayed?	Village Tag	\$ Amt
1.									
2.									
3.									
Cat Name	Breed	Color	Vac Mfg.	Vac Exp.	Vac. Serial	M/F	Neutered/ Spayed?	Village Tag	\$ Amt
1.									
2.									

Please see the reverse of this page if your pet is no longer in the Village of Jackson or if you have service animals.

Applicant's Acknowledgement: I hereby apply for a dog and/or cat license from the date the license is approved until December 31st of the licensing year applied for, subject to limitations imposed by Wisconsin Statutes and Village of Jackson Municipal Code, and all acts amendatory thereof and supplementary thereto. I am aware the application fee is non-refundable and payment is due at the time of application. I understand there is no proration of fee for a partial year.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY: CASH/CC/ CK# _____ Date of Application _____ Initials: _____ Notes/Rcpt# _____

REMOVAL OF PET FROM RECORDS — Due to the disposition indicated, the pet named below no longer requires licensing.

Pet Name: _____ Dog Cat Breed: _____ Color: _____

Reason for Removal: Deceased

Moved out of Jackson

Pet sold or given away to:

Name: _____

Address: _____

City, State, Zip: _____

Signature: _____ Date: _____

Pet Name: _____ Dog Cat Breed: _____ Color: _____

Reason for Removal: Deceased

Moved out of Jackson

Pet sold or given away to:

Name: _____

Address: _____

City, State, Zip: _____

Signature: _____ Date: _____

SERVICE ANIMAL REGISTRATION — All information must be provided for each service animal.

Service Animal Name: _____ Type of Animal: _____

Breed (if applicable): _____ Color: _____

Is the animal required because of a disability? _____

What work or task has the animal been trained to perform? _____

Vaccine Manufacturer: _____

Vaccine Serial #: _____

Vaccine Expiration Date: _____

TAG #

Service Animal Name: _____ Type of Animal: _____

Breed (if applicable): _____ Color: _____

Is the animal required because of a disability? _____

What work or task has the animal been trained to perform? _____

Vaccine Manufacturer: _____

Vaccine Serial #: _____

Vaccine Expiration Date: _____

TAG #