

**STATE OF WISCONSIN, WASHINGTON COUNTY  
TOWN OF TRENTON APPLICATION/LICENSE FOR DOG**

NOTE: CHECK HERE IF THE DOG IS DECEASED OR NO LONGER LIVES IN THE TOWN OF TRENTON AND COMPLETE BACK SIDE OF THIS FORM.

**Fill in ALL information below**

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

West Bend, WI 530\_\_\_\_\_

Phone: (        ) \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Signed verification of current rabies information is herein recorded*

Dog Name: \_\_\_\_\_

Color: \_\_\_\_\_

Breed: \_\_\_\_\_

Rabies Tag No.: \_\_\_\_\_

FULL Rabies Exp. Date:        /        / 20\_\_\_\_  
MM / DD / YYYY

Veterinary Name: \_\_\_\_\_

Veterinary Phone: (        ) \_\_\_\_\_

- | SEX  | FEE     |
|--|---------|
| <input type="checkbox"/> Non-neutered Male                       | \$12.00 |
| <input type="checkbox"/> Neutered Male                           | \$ 7.00 |
| <input type="checkbox"/> Non-spayed female                       | \$12.00 |
| <input type="checkbox"/> Spayed female                           | \$ 7.00 |
| <input type="checkbox"/> Late Fee (after April 1 <sup>st</sup> ) | \$ 5.00 |

TOTAL FEE

Make checks payable to the Town of Trenton and mail to:

**Town of Trenton  
P.O. Box 259  
Newburg, WI 53060**

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**RETURN TO LICENSING OFFICIAL**  
**Please fill out, and sign if applicable—**  
**Pet is deceased or no longer kept in the**  
**Town of Trenton**

Due to the disposition checked below, a 20\_\_\_\_\_ dog license is not required by listed owner, for the dog described below.

- Died or Killed
- Sold or Given Away

Dog's Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

Signature: \_\_\_\_\_

*Penalties, Fees and Court Costs may be imposed by Governing Agencies for violation of dog licensing laws. Current Rabies information must be submitted before a dog license can be issued. A \$5.00 late fee shall be collected (when applicable) from owners of dogs not licensed by April 1st of each year.*

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