

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

Every person who owns, harbors or keeps a dog that is more than five months old in the Town of Trenton must license the dog(s).

NOTE: IF THE DOG NO LONGER LIVES IN THE TOWN OF TRENTON, COMPLETE AFFIDAVIT ON THE BACK SIDE OF FORM

Owner(s)/Keeper(s) of dog(s): _____ ()
Last Name First Name Phone Number (REQUIRED)

Address _____
Street City Zip Code

Indicate change of ownership Yes No If yes, previous owner(s): _____

I certify that the attached rabies information is true and correct (signature required to issue license)

Dog owner Signature: _____ Date: _____

ATTACH A COPY OF RABIES CERTIFICATE FOR EACH DOG

Wis Stats. §174.07 requires that a copy MUST BE provided each year, even if the information has not changed

DOG #1 Name _____	Color _____				
Birth Date _____	Breed _____				
Veterinary Name/Clinic: _____ Vet Phone Number: () _____					
Rabies Info: Manufacturer: _____ Serial No: _____ Tag No: _____ Expiration: _____					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Type of Dog: <input type="checkbox"/> Male \$12.00</td> <td style="width:25%;"><input type="checkbox"/> Neutered Male \$7.00</td> <td style="width:25%;"><input type="checkbox"/> Female \$12.00</td> <td style="width:25%;"><input type="checkbox"/> Spayed Female \$7.00</td> </tr> </table>		Type of Dog: <input type="checkbox"/> Male \$12.00	<input type="checkbox"/> Neutered Male \$7.00	<input type="checkbox"/> Female \$12.00	<input type="checkbox"/> Spayed Female \$7.00
Type of Dog: <input type="checkbox"/> Male \$12.00	<input type="checkbox"/> Neutered Male \$7.00	<input type="checkbox"/> Female \$12.00	<input type="checkbox"/> Spayed Female \$7.00		

DOG #2 Name _____	Color _____				
Birth Date _____	Breed _____				
Veterinary Name/Clinic: _____ Vet Phone Number: () _____					
Rabies Info: Manufacturer: _____ Serial No: _____ Tag No: _____ Expiration: _____					
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Type of Dog: <input type="checkbox"/> Male \$12.00	<input type="checkbox"/> Neutered Male \$7.00	<input type="checkbox"/> Female \$12.00	<input type="checkbox"/> Spayed Female \$7.00		

DOG #3 Name _____	Color _____				
Birth Date _____	Breed _____				
Veterinary Name/Clinic: _____ Vet Phone Number: () _____					
Rabies Info: Manufacturer: _____ Serial No: _____ Tag No: _____ Expiration: _____					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Type of Dog: <input type="checkbox"/> Male \$12.00</td> <td style="width:25%;"><input type="checkbox"/> Neutered Male \$7.00</td> <td style="width:25%;"><input type="checkbox"/> Female \$12.00</td> <td style="width:25%;"><input type="checkbox"/> Spayed Female \$7.00</td> </tr> </table>		Type of Dog: <input type="checkbox"/> Male \$12.00	<input type="checkbox"/> Neutered Male \$7.00	<input type="checkbox"/> Female \$12.00	<input type="checkbox"/> Spayed Female \$7.00
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For more than three dogs, a MULTIPLE DOG LICENSE IS REQUIRED (contact Treasurer for information)

Total dog fees: _____	Late fees if after April 1 (\$5.00 per dog): _____	Total enclosed: _____
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Make check payable to **Town of Trenton**. Include application, copy(ies) of rabies certificate(s) and payment

Mail to:
Town of Trenton
PO Box 259
Newburg, WI 53060

Submit in person or place in drop box at:
Town of Trenton
1071 State Hwy 33E
West Bend, WI 53095

For questions, contact Treasurer Nicole Cozzuli-Meer at 262.675.6009 or treasurer@townoftrenton.info

AFFIDAVIT

Complete, sign, and return to Town of Trenton Treasurer

Name of dog: _____

A 20____ dog license is not required by listed owner for last year's licensed dog because:

- Dog is deceased
- Dog ownership was transferred or has moved to:

Name: _____

City/Town/Village: _____

Name of dog: _____

A 20____ dog license is not required by listed owner for last year's licensed dog because:

- Dog is deceased
- Dog ownership was transferred or has moved to:

Name: _____

City/Town/Village: _____

Name of dog: _____

A 20____ dog license is not required by listed owner for last year's licensed dog because:

- Dog is deceased
- Dog ownership was transferred or has moved to:

Name: _____

City/Town/Village: _____

Signature: _____

Print Name: _____

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.