

**VILLAGE OF MAPLE BLUFF  
2019 DOG AND CAT LICENSE APPLICATION**

**2019 Dane County Dog Park Permits  
can be purchased at the Village Center.**

Village ordinances require the licensing of all dogs and cats, which are at least five months old. Animal licenses are good for a period of one year. All animals in the Village must be registered by April 1<sup>st</sup> to avoid a late penalty. Failure to obtain an animal license as required by Wisconsin state law can result in penalties of not less than \$50.00 or more than \$500.00. **Wisconsin State Statute 174.07 requires proof of current rabies immunization; please attach a copy from your veterinarian.**

If you have a dog or cat, please complete the application form below and return it to the Village Center Administration Office, 18 Oxford Place Madison WI 53704. The license tag should be displayed on the animal's collar for the purpose of identification.

Fees: Cats: \$ 12.50 Each  
 Dogs (Spayed/Neutered): \$ 20.00 Each  
 Late/Replacement Fee \$ 5.00 Each

Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dog or CAT	PET'S NAME	DATE OF ANTI-RABIES		BREED	COLOR	SPAYED/NEUTERED		AGE	FEE
		INOCULATION				M/F	YES/NO		
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

**TOTAL AMOUNT ENCLOSED FOR LICENSE FEE:** \$ \_\_\_\_\_

**PLEASE DO NOT INCLUDE LICENSE FEES WITH YOUR TAX PAYMENT CHECK.  
 A SEPARATE CHECK SHOULD BE ISSUED PAYABLE TO THE VILLAGE OF MAPLE BLUFF.**

**CERTIFICATION OF ANTI-RABIES INOCULATIONS:**

I hereby certify that I am the owner of the animal(s) for which the above application for license is made. I also verify that the animal(s) listed has received current anti-rabies inoculation, which will protect the animal(s) throughout this calendar year. **Please attach a copy of the most recent rabies certificate that your pet has received. Without the copy of the certificate, a license will not be issued.**

Name and Address of Veterinarian: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE: DATE PAID \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ LICENSE # \_\_\_\_\_