

TOWN OF PORT WASHINGTON

Dog License Application

Mary M. Sampont, Treasurer

Your dog license application information is below. Please complete it and send it along with your tax payment or separately if you prefer to pay your taxes at one of the banks.

You will need to send along verification of vaccination. Please send a self-addressed, stamped envelope along for your return dog tag, license and any vaccination records sent.

Make Check Payable To: TOWN OF PORT WASHINGTON

Mail Application, Information and Check To: MARY SAMPONT, TREASURER
2354 WILLOW ROAD
PORT WASHINGTON, WI 53074

FEE SCHEDULE:

SPAYED OR NEUTERED DOGS: \$3.00 EACH

FEMALE OR MALE DOGS: \$8.00 EACH (NOT SPAYED OR NEUTERED)

APPLICATION FOR DOG LICENCE (PLEASE PRINT)

OWNER'S NAME: _____ **PHONE NO.** _____

OWNER'S ADDRESS: _____

1. NAME OF

DOG: _____ **BREED:** _____ **COLOR:** _____

SEX: MALE FEMALE SPAYED NEUTERED (CIRCLE ONE)
LICENSE FEE: \$3.00 \$8.00 (CIRLCE ONE)

2. NAME OF

DOG: _____ **BREED:** _____ **COLOR:** _____

SEX: MALE FEMALE SPAYED NEUTERED (CIRCLE ONE)
LICENSE FEE: \$3.00 \$8.00 (CIRLCE ONE)

3. NAME OF

DOG: _____ **BREED:** _____ **COLOR:** _____

SEX: MALE FEMALE SPAYED NEUTERED (CIRCLE ONE)
LICENSE FEE: \$3.00 \$8.00 (CIRLCE ONE)

PLEASE BE SURE TO FILL IN ALL INFORMATION TO KEEP ALL RECORDS CURRENT