

TOWN OF BURKE
 5365 Reiner Road
 Madison, WI 53718
 Phone: 608-825-8420 FAX: 608-825-8422

2019 DOG LICENSE APPLICATION

Dog Owner's Name: _____

Address: _____
Number/Street City Zip

Phone Number: _____

Neutered Male/Spayed Female = \$20.00 per dog
 Unneutered Male/Unspayed Female = \$30.00 per dog
 (\$5.00 late fee for each dog added after March 31st)
 Any dog more than five months of age must be licensed annually before April 1st to avoid a penalty.

A COPY OF THE CERTIFICATE OF RABIES VACCINATION IS REQUIRED AT THE TIME THE INITIAL LICENSE IS APPLIED FOR, OR IF THE RABIES VACCINATION HAS EXPIRED SINCE THE LAST LICENSE WAS ISSUED. (Please check with your veterinarian for current information.) The vaccination certificate must include date of shot and expiration date. Without this information, we cannot complete the paperwork and will not be able to issue a license.

Please complete the information below and send the appropriate fees. If submitting by mail, please include a self-addressed stamp envelope so we can mail your license(s) to you.

THESE FEES MUST BE SEPARATE FROM YOUR TAX PAYMENT

License Information:

<u>Name of Dog</u>	<u>Breed</u>	<u>Sex</u>	<u>Neutered/Spayed</u>	<u>Color</u>	
_____	_____	_____	Yes No	_____	

Date Rabies Vaccine Given : _____ Expires : _____ Fee: \$ _____

<u>Name of Dog</u>	<u>Breed</u>	<u>Sex</u>	<u>Neutered/Spayed</u>	<u>Color</u>	
_____	_____	_____	Yes No	_____	

Date Rabies Vaccine Given : _____ Expires : _____ Fee: \$ _____

<u>Name of Dog</u>	<u>Breed</u>	<u>Sex</u>	<u>Neutered/Spayed</u>	<u>Color</u>	
_____	_____	_____	Yes No	_____	

Date Rabies Vaccine Given : _____ Expires : _____ Fee: \$ _____

Late fee(s): \$ _____

Please make check payable to "*Town of Burke*" for total fees due: **TOTAL** \$ _____

I hereby certify that all of the information I have provided is true and correct.

Signature: _____ **Date:** _____

Please return paperwork, fees, and self addressed stamped envelope to the above address.

For Office Use Only

License # _____ Expires Dec 31, 2019

Date: _____

By: _____
Administrator/Clerk/Treasurer or Deputy Clerk/Treasurer