

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

**2020 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 31<sup>st</sup>)  
 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>	
_____	_____	_____	<b>Yes No</b>	_____	

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

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

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

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

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, 2020

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

By: \_\_\_\_\_  
Administrator/Clerk/Treasurer or Deputy Clerk/Treasurer