

Village of Spring Valley

E121 South 2nd St., P.O. Box 276
Spring Valley, WI 54767

Pet License Application

2024

For office use only

License # _____

Cash Check # _____

Amt paid \$ _____

Date _____

We need to see a rabies vaccination certificate only if your previous rabies shots have expired so we can update records. Your pet is not considered registered until we have up-to-date rabies vaccination information. One form per animal, please make a copy or request more from office.

LANDLORDS! Please pass this form on to your renters. If you need additional forms call the village office 715-778-5635.

State Statute 174.07(1)(a) and VSV Ordinance 6-3(a)(2) require the owner of dogs (and cats for village) more than 5 months of age to obtain a license annually on or before April 1st or on the date the dog or cat becomes 5 months of age.

Pet Owner's Name _____

Property Owner's Name _____
(Required if renter is licensing the pet)

Street Address _____

Phone number _____

Fees

\$20.00 - Neutered/spayed dog/cat

\$30.00 Intact Male/Female

\$5.00 Penalty per animal added after
April 1st

Pet's Name _____ (Cat Dog) (Male Female) (Spayed/Neutered Yes No)

Color _____ Breed _____

Date of rabies vaccination _____ Expires _____ (PLEASE BE SURE TO ATTACH ALL NEW RECORDS)

I do hereby certify that the above-named dog/cat has had the current rabies vaccination and has been spayed or neutered as stated above.

Signature _____ Date _____

Failure to license your pet will result in a fine by the local Police Department

Vaccination clinic dates and information are on the back of this form (discounted prices)

IF YOU NO LONGER OWN A DOG OR CAT, PLEASE COMPLETE THE FOLLOWING FORM AND RETURN IT TO THE VILLAGE OFFICE TO AVOID A TICKET FOR NON-REGISTRATION. WE WILL REMOVE YOUR INFORMATION FROM OUR LISTING.

PET OWNER'S NAME: _____

PET OWNER'S ADDRESS _____

PET'S NAME: _____

PHONE NUMBER IN CASE WE NEED TO CONTACT YOU: _____

REASON: DECEASED _____ MOVED _____ OTHER _____