## **Village of Spring Valley**

E121 South 2<sup>nd</sup> St., P.O. Box 276 Spring Valley, WI 54767

Pet Owner's Name \_\_\_\_\_

## **Pet License Application**

2025

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.

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

<u>State Statute 174.07(1)(a)</u> 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 1<sup>st</sup> or on the date the dog or cat becomes 5 months of age.

Property Owner's Name			\$30.00 Intact Male/Female \$3.00 Penalty per animal a April 1st	
Pet's Name	( Cat Dog )	( Male Female	) ( Spayed/Neutered	Yes No )
ColorBreed				
Date of rabies vaccination	Expires	(PLEASE BE SUR	RE TO ATTACH ALL CURI	RENT RECORDS)
I do hereby certify that the above-name neutered as stated above.	ed dog/cat has ha	ad the current rabie	es vaccination and has beer	n spayed or
Signature			Date	
Failure to license you Vaccination clinic dates a	-	-	he local Police Depart of this form (discounted	
	MPLETE THE FOLLOWIN	g <b>are on the back</b>	of this form (discounted	d prices)
Vaccination clinic dates a	MPLETE THE FOLLOWIN	G FORM AND RETURN IT I	of this form (discounted	d prices)
Vaccination clinic dates at the second secon	MPLETE THE FOLLOWIN	G FORM AND RETURN IT 1	of this form (discounted) TO THE VILLAGE OFFICE TO AVOID A	d prices)
Vaccination clinic dates as a line of the second of the se	MPLETE THE FOLLOWIN	G FORM AND RETURN IT I	of this form (discounted) TO THE VILLAGE OFFICE TO AVOID A	d prices)
IF YOU NO LONGER OWN A DOG OR CAT, PLEASE COI NON-REGISTRATION. WE WILL REMOVE YOUR INFO PET OWNER'S NAME: PET OWNER'S ADDRESS	MPLETE THE FOLLOWIN RMATION FROM OUR LI	G FORM AND RETURN IT 1	of this form (discounted) TO THE VILLAGE OFFICE TO AVOID A	d prices)