



210 Cottonwood Avenue
Hartland, WI 53029
(262)-367-2714

DOG LICENSE APPLICATION

- Proof of Valid Rabies Vaccination: State Law requires that your dog has a current rabies vaccination. Office staff will need to see proof of the rabies vaccine showing the vaccine producer, expiration and serial/lot number from the vet such as a rabies certificate or statement. Staff cannot use the rabies tag for proof of rabies vaccination.

- Accepted Forms of Payment: Cash, checks, debit and credit card payments are accepted if paying at Village Hall. If paying by a debit or credit card, there will be a 2.75% service fee. If you are mailing in this form, please pay by check. Please make checks payable to: Village of Hartland.

- Fee: If spayed/neutered \$10.00 per dog otherwise \$15.00 per dog for unspayed/unneutered. There will be a \$5 late fee per dog after March 31st (only for renewal applicants).

- Self-Addressed Stamped Envelope: If mailing your application, please enclose a self-addressed stamped envelope and mail to the address on top of this application.

Customer Information

Customer No. (For Clerks Use) _____

Name of Owner(s) _____

Address _____ Hartland, WI 53029

Phone Number _____ Email _____

Dog Information

#1	License Type	New Animal	Renewal	Replacement Tag - \$2
	Dog Name _____		Breed _____	Color _____
Fee	Male Neutered - \$10	Male Unneutered - \$15	Female Spayed - \$10	Female Unspayed - \$15
Date Rabies Given	_____	Date Rabies Vaccine Expires	_____	Serial/Lot # (not tag number) _____
Name of Rabies Vaccine Producer: (select one) IMRAB Merial Zoetis Defensor Other _____				
License # (Office Use) _____				

#2	License Type	New Animal	Renewal	Replacement Tag - \$2
	Dog Name _____		Breed _____	Color _____
Fee	Male Neutered - \$10	Male Unneutered - \$15	Female Spayed - \$10	Female Unspayed - \$15
Date Rabies Given	_____	Date Rabies Vaccine Expires	_____	Serial/Lot # (not tag number) _____
Name of Rabies Vaccine Producer: (select one) IMRAB Merial Zoetis Defensor Other _____				
License # (Office Use) _____				

Veterinarian/Clinic Name _____

Paid Date _____

Phone _____

Receipt # _____