



VILLAGE OF MOUNT PLEASANT

Dog/Cat License Application

1-Year License - Expires December 31st Each Year - Renewal Period Jan 1 - Apr 1

Circle One: New | Renewal Previous Year License #: _____ Animal's Birth Month/Year: _____

\$10.00 Spayed/Neutered Animal | \$20.00 Not Spayed or Neutered | \$5.00 Senior Discount (65 or over)

Additional \$5.00 late fee PER ANIMAL if licensed after April 1 (Renewals Only)
Senior Discount only applies to spayed/neutered animals

OWNER INFORMATION: PLEASE PRINT

First Name: _____ Last Name: _____

Address: _____ Mount Pleasant, WI Zip: _____

Phone Number: _____ Date of Birth (if 65 or over): _____

You may have up to 3 animals in a single family dwelling. You may obtain a Pet Fancier's Permit (\$35 fee) for up to 7 animals in a single family dwelling **ONLY** at Village Hall or on our website www.mtpleasantwi.gov. Each animal must be currently licensed and you must meet all criteria. Multiple family dwellings are allowed only 2 animals per unit. No Pet Fancier's permits will be issued for multi-family dwellings.

ANIMAL INFORMATION: PLEASE PRINT

Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed/Neutered <input type="checkbox"/>	Rabies Manufacturer: (Circle One) BoehringerIngelheim ELANCO FortDodge Merck Merial Pfizer Zoetis Unknown
Animal Name: _____		Rabies Serial/Lot #: _____
Breed: _____		Expiration Date: _____
Color: _____	Fee: \$ _____	Veterinarian: _____

Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed/Neutered <input type="checkbox"/>	Rabies Manufacturer: (Circle One) BoehringerIngelheim ELANCO FortDodge Merck Merial Pfizer Zoetis Unknown
Animal Name: _____		Rabies Serial/Lot #: _____
Breed: _____		Expiration Date: _____
Color: _____	Fee: \$ _____	Veterinarian: _____

Dog <input type="checkbox"/> Cat <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed/Neutered <input type="checkbox"/>	Rabies Manufacturer: (Circle One) BoehringerIngelheim ELANCO FortDodge Merck Merial Pfizer Zoetis Unknown
Animal Name: _____		Rabies Serial/Lot #: _____
Breed: _____		Expiration Date: _____
Color: _____	Fee: \$ _____	Veterinarian: _____

Total Fees Due: \$ _____

Include **proof of rabies vaccination** and any applicable late fees.
Cash or Check **ONLY**.

Please make checks payable to Village of Mount Pleasant. Include a self addressed stamped envelope. The license, tag, and proof of rabies will be returned to you by mail. Proof of current rabies vaccination **MUST** accompany this form. Acceptable proof is the "Rabies Vaccination Certificate" you received when the vaccination was performed. Do not send metal rabies tags or receipt of services.

FOR OFFICE USE ONLY

Return Completed Form & Payment to: Mount Pleasant Village Clerk Attn: Pet Licensing 8811 Campus Drive Mount Pleasant, WI 53406 Questions: Village Hall Main Line: 262-664-7800 Option 3 Email: clerk@mtpleasantwi.gov	License Number: _____	Date Received Stamp
	Check / Cash	
	Check # _____	