



470 Grandview Avenue  
PO Box 709  
Campbellsport, WI 53010  
920-533-8321

**Dog & Cat Licensing**

All dogs and cats in the Village of Campbellsport **must be licensed by April 1<sup>st</sup> each year.** Payment can be sent with your tax payment – **SEPARATE CHECK** - and please include the form below (copy as needed). Property owners need to notify their renters that they are required to purchase dog and cat licenses. Cut off form and fill in **COMPLETELY**. Rabies information listed below is mandatory per state statute 95.21. If expiration date needs to be updated, you **MUST** show proof of rabies vaccination. You are allowed only 2 dogs & 3 cats or 3 dogs & 2 cats per household per Village ordinance 192-19(b) **\*\* required information**

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_, Campbellsport, WI 53010

Pet Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_

Pet Breed: \_\_\_\_\_ Male un-neutered \_\_\_\_\_ \$15.00

Pet Color: \_\_\_\_\_ Neutered Male \_\_\_\_\_ \$10.00

Vet Clinic Name: \_\_\_\_\_ Female un-spayed \_\_\_\_\_ \$15.00

\*Rabies vaccination serial # \_\_\_\_\_ Spayed Female \_\_\_\_\_ \$10.00

\*Rabies vaccination manufacturer: \_\_\_\_\_ \* Rabies Expiration date: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_, Campbellsport, WI 53010

Pet Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_

Pet Breed: \_\_\_\_\_ Male un-neutered \_\_\_\_\_ \$15.00

Pet Color: \_\_\_\_\_ Neutered Male \_\_\_\_\_ \$10.00

Vet Clinic Name: \_\_\_\_\_ Female un-spayed \_\_\_\_\_ \$15.00

\*Rabies vaccination serial # \_\_\_\_\_ Spayed Female \_\_\_\_\_ \$10.00

\*Rabies vaccination manufacturer: \_\_\_\_\_ \* Rabies Expiration date: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_, Campbellsport, WI 53010

Pet Name: \_\_\_\_\_ Dog \_\_\_\_\_ Cat \_\_\_\_\_

Pet Breed: \_\_\_\_\_ Male un-neutered \_\_\_\_\_ \$15.00

Pet Color: \_\_\_\_\_ Neutered Male \_\_\_\_\_ \$10.00

Vet Clinic Name: \_\_\_\_\_ Female un-spayed \_\_\_\_\_ \$15.00

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