



15 South School Street, PO Box 273, Mayville WI 53050

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[WWW.MAYVILLECITY.COM](http://WWW.MAYVILLECITY.COM)

### City of Mayville Dog/Cat License Application

Owner Name: \_\_\_\_\_ Owner Address: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_ Veterinarian/Clinic: \_\_\_\_\_

Name of Dog/Cat: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Gender: \_\_\_\_\_

\_\_\_\_ Dog, Unaltered \$23 \_\_\_\_ Dog, Fixed \$13 Date of Rabies Shot: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_ Cat, Unaltered \$20 \_\_\_\_ Cat, Fixed \$10 Vaccine Mfg: \_\_\_\_\_ Serial #: \_\_\_\_\_

Application Date: \_\_\_\_\_ Payment Type: \_\_\_\_\_ TAG #: \_\_\_\_\_

Return with a copy of your Vaccination Certificate, Payment, and Self-addressed, stamped envelope to return your tag to you:

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*Any license purchased after March 31 must add a \$10 late fee to the total*