

City of Portage, WI
APPLICATION FOR DANGEROUS ANIMAL

Code:1204 *(office use only)*

Receipt #: _____

License #: _____

Application Date: _____ Fee: _____

Owner Name: _____

Address: _____ City/State/Zip: _____

Phone #: _____ Email: _____

Pet Information: Name: _____

Color: _____ Breed: _____

Sex: _____ Spayed/Neutered: _____

Health: Rabies Vaccination Date: _____ Rabies Expiration Date: _____

Vaccine Manufacturer: _____ Vaccine Serial Number: _____

Attach the following:

_____ Liability insurance policy written by an insurance company licensed to do business in the State of Wisconsin, covering death and personal injury, in the amount of at least \$300,000.00 and property damage in the amount of at least \$50,000.00. The policy shall provide notice to the city clerk 30 days in advance of any material change therein or of its termination or non-renewal.

_____ Current vaccination information for rabies.

_____ Current dog/cat license.

_____ Proof of spayed/neutered.

I certify that all the information provided on this form is true and correct.

Signature

Date