



Finance Department
 300 E Main Street
 Sun Prairie WI 53590-2227
 Monday – Friday, 8:00 a.m. – 4:30 p.m.
 Phone: (608) 837-2511 Fax: (608) 825-6879
 Website: www.cityofsunprairie.com

Please make checks payable to: City of Sun Prairie

DOG LICENSE FORM

DOG RABIES INFORMATION – Must include a copy of the CURRENT RABIES CERTIFICATE for all dogs!

When should I get a license?

Every dog age of five months and older in the City of Sun Prairie should be licensed every year. The license expires December 31st of each year.

Dog Park Permits: In order to use the Sun Prairie Pet Exercise Area, a permit must be purchased. You must first obtain a dog license for the licensing year before purchasing the Pet Exercise Area Permit. If you purchase the Permit through the Finance Office, the fees stay in Sun Prairie and are used to maintain our Pet Park.

Please bring a copy of the current rabies certificate, **NOT JUST THE INVOICE**. You may also fill out the registration form and send in the rabies certificate along with payment to the above address. If your dog is a Service dog, we will need to see the certificate.

All licenses and park permits will be mailed once the applications are reviewed by City staff and payment has been made.

Owner's Information

Dog Owner's First Name:		Dog Owner's Last Name:	
Owners Email:		Contact Phone Number:	
Address:	Apt. #:	City:	Zip:
Are you or a family member of the household a Veteran or a current member of the Military? Yes <input type="checkbox"/> No <input type="checkbox"/>		Owner over 65 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	

DOGS:		
Neutered/Spayed	\$20	\$
Not Neutered/Spayed	\$25	
After April 1 st of each year, a late fee will be assessed.	\$5	\$
Service dog (certificate must be provided)	\$ 0	
PUPPIES: Puppies are dogs who become 5 months of age after July 1 of the license year. The DOB will be after February 1 st of the Licensing year.		
Neutered/Spayed puppy \$ 16.00	Not Neutered/Spayed puppy \$18.50	\$
A late fee will not be assessed to puppies during that license year.		
Dog Park Permit: Is good in all Dane County Dog Parks	1 st Dog \$43/\$20 Additional Dog	\$
Dog Park Permit for Senior/Disabled Person	\$20.00	
Dog Park Permit for Military/Veteran	\$20.00	
Total Remitted for Dog License		\$

Dog 1:

Dogs' Name:	Breed:	Color:	Dog's Date of Birth: ____/____/____
Vet Clinic Name:		Is the dog: Female <input type="checkbox"/> Male <input type="checkbox"/>	Is the dog Spayed/Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>
How long have you had the dog in Sun Prairie? 30 days or less <input type="checkbox"/> More than 30 days <input type="checkbox"/>	Is this dog a service animal required because of a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If yes, what work, or task has the dog been trained to perform?		
Will you be adding a Park Permit for this dog registration? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Dog 2:

Dogs' Name:	Breed:	Color:	Dog's Date of Birth: ____/____/____
Vet Clinic Name:		Is the dog: Female <input type="checkbox"/> Male <input type="checkbox"/>	Is the dog Spayed/Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>
How long have you had the dog in Sun Prairie? 30 days or less <input type="checkbox"/> More than 30 days <input type="checkbox"/>	Is this dog a service animal required because of a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If yes, what work, or task has the dog been trained to perform?		
Will you be adding a Park Permit for this dog registration? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Dog 3:

Dogs' Name:	Breed:	Color:	Dog's Date of Birth: ____/____/____
Vet Clinic Name:		Is the dog: Female <input type="checkbox"/> Male <input type="checkbox"/>	Is the dog Spayed/Neutered? Yes <input type="checkbox"/> No <input type="checkbox"/>
How long have you had the dog in Sun Prairie? 30 days or less <input type="checkbox"/> More than 30 days <input type="checkbox"/>	Is this dog a service animal required because of a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If yes, what work, or task has the dog been trained to perform?		
Will you be adding a Park Permit for this dog registration? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Office Use Only

Processor:	Date processed:
Customer number:	Tag number(S)