

**CITY OF MARKESAN**  
**DOG LICENSE APPLICATION**

License Applications are Due Annually by March 31<sup>st</sup>

Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address where dog(s) are kept: \_\_\_\_\_

Tag # (office use only)	Dog's Name	Sex (M/F)	Spayed/ Neutered (Yes/No)	Breed	Color

**For change of ownership or death of a pet, please complete the form below and return to City Hall.**

**State of Wisconsin**  
**Affidavit of Death or Disposal of Dog**

I hereby certify that the following dog,

Dog Name: \_\_\_\_\_

Address Where Dog Kept: \_\_\_\_\_

Sex: Male  Female  Spayed or Neutered YES / NO

which was listed by the Treasurer of the City of Markesan in compliance with the provisions of the Wisconsin Dog Licensing Law, has been disposed of as follows:

Date Died: \_\_\_\_\_ Date Sold or Given Away: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name