



CITY OF RACINE, WISCONSIN  
PUBLIC HEALTH DEPARTMENT

# PET LICENSE APPLICATION

Racine Public Health Department  
730 Washington Avenue, Room 1  
Racine, WI 53403

[publichealth@cityofracine.org](mailto:publichealth@cityofracine.org)  
Phone: 262-636-9203 Fax: 262-636-9165

\$15.00 Spayed/Neutered Animal      \$40.00 Non-Neutered/Spayed Animal      \$10.00 Senior Discount (65 or over)  
Additional \$5.00 late fee PER ANIMAL if licensed after March 31 (Renewals only)  
Senior Discount only applies to spayed/neutered animals

## OWNER INFORMATION: PLEASE PRINT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Racine, WI Zip: 5340\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth (if 65 or over) \_\_\_\_\_

You may have up to 3 animals in a single family dwelling. You may obtain a Pet Fancier's Permit (\$30) for up to 7 animals in a single family dwelling ONLY at the Racine Public Health Department. Each animal must be currently licensed and you must meet all criteria. Multiple family dwellings are allowed only 2 animals per unit. No Pet Fancier's permits will be issued for multi-family dwellings.

## ANIMAL INFORMATION: PLEASE PRINT

Dog    Cat    Ferret    Pot-bellied Pig       Male    Female       New    Renewal

Animal Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Veterinarian: \_\_\_\_\_  Rabies Certificate Included

Fee : \_\_\_\_\_  Spayed/Neutered (Must Include Proof)

Dog    Cat    Ferret    Pot-bellied Pig       Male    Female       New    Renewal

Animal Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Veterinarian: \_\_\_\_\_  Rabies Certificate Included

Fee : \_\_\_\_\_  Spayed/Neutered (Must Include Proof)

Dog    Cat    Ferret    Pot-bellied Pig       Male    Female       New    Renewal

Animal Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Veterinarian: \_\_\_\_\_  Rabies Certificate Included

Fee : \_\_\_\_\_  Spayed/Neutered (Must Include Proof)

## PAYMENT INFORMATION: PLEASE PRINT

Please make checks payable to **City of Racine**. (Please do not send cash through the mail.) If paying by credit card, please fill in the information below and fax to: **262-636-9165** or email to: [publichealth@cityofracine.org](mailto:publichealth@cityofracine.org). **Credit card fee of 3.95% (minimum of \$1.50) applies.**

CREDIT CARD PAYMENT (MC OR VISA) \_\_\_\_\_ EXP DATE \_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_ CVV CODE (ON BACK OF CARD) \_\_\_\_\_

NAME AS SHOWN ON CARD \_\_\_\_\_

The license, tag, and proof of rabies will be returned to you by mail. Proof of current rabies vaccination and Spay/Neuter, if applicable, MUST accompany this form no matter how submitted. Acceptable proof is the "Rabies Vaccination Certificate" you received when the vaccination was performed. Do not send metal rabies tags.