

Department of Public Health

Dottie-Kay Bowersox, MSA
Public Health Administrator

730 Washington Avenue
Racine, Wisconsin 53403
262-636-9201
262-636-9165 FAX



Website: www.cityofracine.org/Health
Email: publichealth@cityofracine.org

Environmental Health Division
262-636-9203
Community Health Division
262-636-9431
Laboratory Division
262-636-9571

APPLICATION FOR PET FANCIER'S PERMIT

Pursuant to Municipal Code Chapter 10

Return application with payment to the City of Racine Department of Customer Service
730 Washington Ave, Room 103, Racine, WI 53403 – Make checks payable to "CITY OF RACINE"

OWNER INFORMATION	
FULL NAME	
MAILING ADDRESS	CITY, STATE, ZIP CODE
PHONE NUMBER	EMAIL ADDRESS

ANIMAL INFORMATION	
1	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Pot-Bellied Pig <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed/Neutered <input type="checkbox"/>
	ANIMAL NAME BREED COLOR
	New <input type="checkbox"/> Renewal <input type="checkbox"/> Rabies Certificate Included <input type="checkbox"/> Proof of Spayed/Neutered <input type="checkbox"/>
	Fee: \$ Veterinarian:
2	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Pot-Bellied Pig <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed/Neutered <input type="checkbox"/>
	ANIMAL NAME BREED COLOR
	New <input type="checkbox"/> Renewal <input type="checkbox"/> Rabies Certificate Included <input type="checkbox"/> Proof of Spayed/Neutered <input type="checkbox"/>
	Fee: \$ Veterinarian:
3	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Pot-Bellied Pig <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed/Neutered <input type="checkbox"/>
	ANIMAL NAME BREED COLOR
	New <input type="checkbox"/> Renewal <input type="checkbox"/> Rabies Certificate Included <input type="checkbox"/> Proof of Spayed/Neutered <input type="checkbox"/>
	Fee: \$ Veterinarian:
4	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Pot-Bellied Pig <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed/Neutered <input type="checkbox"/>
	ANIMAL NAME BREED COLOR
	New <input type="checkbox"/> Renewal <input type="checkbox"/> Rabies Certificate Included <input type="checkbox"/> Proof of Spayed/Neutered <input type="checkbox"/>
	Fee: \$ Veterinarian:

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5	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Pot-Bellied Pig <input type="checkbox"/>				Male <input type="checkbox"/> Female <input type="checkbox"/>		Spayed/Neutered <input type="checkbox"/>
	ANIMAL NAME				BREED		COLOR
	New <input type="checkbox"/> Renewal <input type="checkbox"/>		Rabies Certificate Included <input type="checkbox"/>		Proof of Spayed/Neutered <input type="checkbox"/>		
	Fee: \$		Veterinarian:				
6	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Pot-Bellied Pig <input type="checkbox"/>				Male <input type="checkbox"/> Female <input type="checkbox"/>		Spayed/Neutered <input type="checkbox"/>
	ANIMAL NAME				BREED		COLOR
	New <input type="checkbox"/> Renewal <input type="checkbox"/>		Rabies Certificate Included <input type="checkbox"/>		Proof of Spayed/Neutered <input type="checkbox"/>		
	Fee: \$		Veterinarian:				
7	Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Pot-Bellied Pig <input type="checkbox"/>				Male <input type="checkbox"/> Female <input type="checkbox"/>		Spayed/Neutered <input type="checkbox"/>
	ANIMAL NAME				BREED		COLOR
	New <input type="checkbox"/> Renewal <input type="checkbox"/>		Rabies Certificate Included <input type="checkbox"/>		Proof of Spayed/Neutered <input type="checkbox"/>		
	Fee: \$		Veterinarian:				

ADDITIONAL INFORMATION

The license, tag, and proof of rabies will be returned by mail. Proof of current rabies vaccination and spayed/neutered, if applicable, **MUST** accompany this form. Acceptable proof is the "Rabies Vaccination Certificate" received when the vaccination was performed. Do not send metal rabies tags.

Permit Fees	\$ _____
Other Fees (if applicable)	\$ _____
Total Paid \$ _____	