# City of De Pere
## Annual Cat License Application

**Owner’s Name:**

**Address:**  

**Phone:**

**Cat’s Name:**  

**Breed:**  

**Color:**  

**Sex:**

**Cat’s Name:**  

**Breed:**  

**Color:**  

**Sex:**

*Copy of Rabies Vaccination Certificate(s) Must Accompany This Application*

- [ ] New License  
- [ ] Renewal License

<table>
<thead>
<tr>
<th># of Cats</th>
<th>Type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Neutered/Spayed @ $7.00 each</td>
<td>$ ____________</td>
</tr>
<tr>
<td>1</td>
<td>Unneutered/Unspayed @ $13.00 each</td>
<td>$ ____________</td>
</tr>
<tr>
<td>1</td>
<td>Kitten @ $7 each (at least 5 months of age but not old enough to be fixed)</td>
<td>$ ____________</td>
</tr>
<tr>
<td>1</td>
<td>Late Fee(s) @ $5.00 each</td>
<td>$ ____________</td>
</tr>
<tr>
<td></td>
<td>Postage</td>
<td>$ 1.00</td>
</tr>
</tbody>
</table>

**TOTAL Number of Cats:** ________  

**TOTAL Due:** $ ____________  

(including any postage and late fees)

Licenses must be purchased or renewed between January 1 and March 31 of each year. If renewed after March 31, there is an additional late fee of $5.00 per cat. NOTE: This does not apply if you are either new to the City or if this is a new cat for you.

Receipt and license tag(s) will be mailed to the address you list above. If you have any questions, please contact our office at (920) 339-4050.

Please mail your completed application, copy of rabies certificate(s) and appropriate license fees to:

City of De Pere, Clerk’s Office, 335 S. Broadway, De Pere, WI 54115

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OFFICE USE ONLY:

Cat Tag # 1: ________  
Cat Tag # 2: ________  
Amount Paid: $ ________

Receipt #: ________  
Payment Date: ________

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