

Village of North Freedom

Application to Exceed 2 Dog Limit to 3 Dogs per Household

- * **ANY & ALL dogs that reside at the property address listed on this form MUST be licensed by the Village of North Freedom.**
- * **A copy of the current rabies vaccination for ALL dogs must be attached to this Application form.**
- * **A current photograph of each dog currently kept on the premises must be attached to this Application form.**
- * **A listing of all current veterinarians the dogs see must be attached to this Application form.**

All information is **REQUIRED** in order to be submitted. Any information falsified or missing will cause this form to be **AUTOMATICALLY** denied by the Village Board.

Application Fee: \$25.00

Applicant Information:

Name: _____ Phone: _____

Property Address (where dogs will be housed): _____

Email Address: _____

Pet Owner Information (Check One):

I own the property and the Dogs

I rent the property (property owner's written permission and contact information attached)

I own the property but some Dogs belong to another individual or entity

(Explanation: _____)

Pet Information:

Dog Name	Breed and Sex (Male or Female)	Age	Spayed/Neutered?	Housing
			YES NO	indoors /outdoors
			YES NO	indoors /outdoors
			YES NO	indoors /outdoors

If any dog resides outdoors, what type of containment/shelter is provided for the dog(s)?

Have you ever received complaints regarding your dogs? Yes No

Do any of your dogs have a biting history? Yes No

Do any of your dogs have a history of being at large (i.e. getting out, not under your control, etc.) _____ Yes
_____ No

If you answered “Yes” to either of the above questions, please describe the circumstances:

Is the dog(s) in question currently licensed by another municipality? If so, which municipality?

Explanation for request to exceed the pet limit: **DO YOU HAVE A fenced in yard:** YES _____ No _____

****By signing this Application to Exceed Dog Limit form, the Applicant is granting unlimited consent to allow all veterinarians that treat any of the listed animals to disclose the animals’ health and biting history to the Village for each animal to be kept outside for any period of time and not in the presence of the owner.****

Applicant Signature: _____

Date: _____

Neighboring Property Owner(s) Consent (Please Use the Back of this Page if More Space is Needed):

** Neighboring Property Owner(s) are any neighbors that are adjacent (in front, behind, next door either way, etc.) from you.*

Resident/Property Owner Signature: _____

Name (Printed): _____

Complete Address: _____

Phone Number: _____

Resident/Property Owner Signature: _____

Name (Printed): _____

Complete Address: _____

Phone Number: _____

Resident/Property Owner Signature: _____

Name (Printed): _____

Complete Address: _____

Phone Number: _____

Resident/Property Owner Signature: _____

Name (Printed): _____

Complete Address: _____

Phone Number: _____

Resident/Property Owner Signature: _____

Name (Printed): _____

Complete Address: _____

Phone Number: _____

Resident/Property Owner Signature: _____

Name (Printed): _____

Complete Address: _____

Phone Number: _____

NOTICE OF WI PUBLIC RECORDS LAW:

Please be advised that under Wisconsin's Public Records Law, WI Stats. 19.31, et al, this form and supporting evidence will be available for public review upon request. Only in an exceptional case may access be denied.

FOR OFFICE USE ONLY

Date Received: _____

History Gathered on Dog(s) from Veterinarian:

Village Board Meeting Date: _____

Granted ____

Denied ____

Reason for denial:
