

Animal Fancier License (Permit) Renewal

License Fee. \$75 per year (paid w/application) + Each Dog Individually Licensed (current tag fees; paid after approval)

Animal fancier is any person owning, harboring or keeping, when accessory to an established residential use, the allowable number of cats or dogs specified for an animal fancier in this Ordinance, for personal and noncommercial purposes, which includes but is not limited to hunting, tracking, exhibition in dog shows, obedience trials, field trials, dog sledding, animal foster rescue or to enhance or perpetuate a given breed, and other uses determined by the humane officers to be similar in nature.



Applicant Information

Applicant's Name Todd + Lisa Braun Phone Number 715-298-1227
Property Address 1887 Kowalski City Kronenwetter State WI Zip Code 54455
Application Year 2024 New Application or Renewal (Circle One)

Property Information

Section 12 Township T27N Range R7E or Parcel Identification # (PIN) 37.145.4.2707.122.0055
Parcel Acreage 0.51 Zoning District Single Family Residential

Operations Information

Number of: Cats 0 Dogs 4

Have any changes been made in the past license year in regards to the animal fancier operation? If so, please explain:

no changes

Required Attachment

1. Animal Information for each animal owned, harbored, or kept under the Animal Fancier License.

Applicant Acknowledgement

All information included in this application is true to the best of my knowledge. I have read "§200-7. Animal fanciers" and understand the regulations that govern the Animal Fancier License. I understand that upon notice of any violation I will be allowed up to 30 days, following written notification of any violations of this Chapter or any subsection of this chapter by the humane officer or their designee, to correct any violations. Failure to correct these violations shall result in immediate revocation of the license by the Village Board.

Lisa Braun
Applicant

11/20/2023
Date

Same as 4 original dogs on app in 2021

Owner's Animal Information

Animal # 1
Animal Name Auggie (15 pounds) D.O.B. / / or Age 11
Primary Breed Terrier Mix Second Breed Shih Tzu
Rabies Tag # 13173 Expiration Date 4/4/25
Species: Dog or Cat Sex: Male or Female Microchip # (If Applicable) NA

Animal # 2
Animal Name Sempi (11 pounds) D.O.B. / / or Age 12
Primary Breed Chihuahua Second Breed NA
Rabies Tag # 14402 Expiration Date 7/10/26
Species: Dog or Cat Sex: Male or Female Microchip # (If Applicable) NA

Animal # 3
Animal Name Benny (12 pounds) D.O.B. 12 / 2 / 2020 or Age
Primary Breed Chihuahua Second Breed Mini Aussie
Rabies Tag # 13172 Expiration Date 4/4/25
Species: Dog or Cat Sex: Male or Female Microchip # (If Applicable) 985141217974

Animal # 4
Animal Name Gibson/Gibby (70 pounds) D.O.B. 2 / 27 / 2021 or Age
Primary Breed Goldendoodle Second Breed NA
Rabies Tag # 13297 Expiration Date 6/22/25
Species: Dog or Cat Sex: Male or Female Microchip # (If Applicable) 985141003214702

~~Animal #
Animal Name D.O.B. / / or Age
Primary Breed Second Breed
Rabies Tag # Expiration Date
Species: Dog or Cat Sex: Male or Female Microchip # (If Applicable)~~

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 06-23-22
Next Rabies Vaccination On: 06-22-25

VETERINARY CLINIC
Weston Veterinary Hospital
5803 Amir Drive
Weston, WI 54476
715-359-4004

OWNER OF ANIMAL
Lisa Braun
1887 Kowalski Road
Kronenwetter, WI 54455
County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

PATIENT: Gibson
SPECIES: Canine
COLOR / MARKINGS: Tan
MICROCHIP NUMBER: 985141003214702

AGE: 20M
SEX: Neutered Male

Signed



Kristin Raymond, DVM

License: 467509

Vaccinations due...

06-14-22	Wellness Exam
06-22-25	Canine Distemper (DHPP) 3yr
06-23-23	Heartworm test
06-23-23	Wellness Exam
07-12-22	Lepto 4-Way Vaccine 1yr
06-14-22	Lyme Vaccination 1yr
06-22-25	Rabies Vaccination 3 yr

Rabies Vaccine Information...

MFG BY: MERIA
SER. NO: 18528
LOT EXP: 09/15/23

TAG NO: 13297
ADM: SQ

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 04-05-22
Next Rabies Vaccination On: 04-04-25

VETERINARY CLINIC
Weston Veterinary Hospital
5803 Amir Drive
Weston, WI 54476
715-359-4004

OWNER OF ANIMAL
Lisa Braun
1887 Kowalski Road
Kronenwetter, WI 54455
County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

PATIENT: Auggie
SPECIES: Canine
COLOR / MARKINGS: Carmel
MICROCHIP NUMBER:

AGE: 9Y
SEX: Neutered Male

Signed _____



Kristin Raymond, DVM

License: 467509

Vaccinations due...

04-04-25	Canine Distemper (DHPP) 3yr
04-05-23	Heartworm test
08-29-23	Wellness Exam
08-29-23	Lepto 4-Way Vaccine 1yr
08-29-23	Lyme Vaccination 1yr
04-04-25	Rabies Vaccination 3 yr

Rabies Vaccine Information...

MFG BY: MERIA
SER. NO: 18526
LOT EXP: 05-20-23

TAG NO: 13173
ADM: SQ

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 04-05-22
Next Rabies Vaccination On: 04-04-25

VETERINARY CLINIC
Weston Veterinary Hospital
5803 Amir Drive
Weston, WI 54476
715-359-4004

OWNER OF ANIMAL
Lisa Braun
1887 Kowalski Road
Kronenwetter, WI 54455
County:

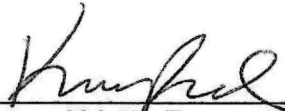
This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

PATIENT: Benny
SPECIES: Canine
COLOR / MARKINGS: Tan
MICROCHIP NUMBER: 985141217974

AGE: 23M
SEX: Neutered Male

Signed _____



Kristin Raymond, DVM

License: 467509

Vaccinations due...

04-04-25	Canine Distemper (DHPP) 3yr
04-05-23	Heartworm test
04-05-23	Wellness Exam
06-23-23	Lepto 4-Way Vaccine 1yr
06-23-23	Lyme Vaccination 1yr
04-04-25	Rabies Vaccination 3 yr

Rabies Vaccine Information...

MFG BY: MERIA
SER. NO: 18526
LOT EXP: 05-20-23

TAG NO: 13172
ADM: SQ

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 07-11-23
Next Rabies Vaccination On: 07-10-26

VETERINARY CLINIC
Weston Veterinary Hospital
5803 Amir Drive
Weston, WI 54476
715-359-4004

OWNER OF ANIMAL
Lisa Braun
1887 Kowalski Road
Kronenwetter, WI 54455
County:

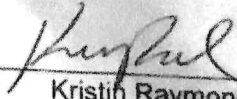
This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

PATIENT: Sempi
SPECIES: Canine
COLOR / MARKINGS: Brown
MICROCHIP NUMBER:

AGE: 12Y
SEX: Spayed Female

Signed _____



Kristin Raymond, DVM

License: 467509

Vaccinations due...

07-10-26	Canine Distemper (DHPP) 3yr
04-05-23	Heartworm test
07-10-24	Wellness Exam
04-05-23	Lepto 4-Way Vaccine 1yr
04-05-23	Lyme Vaccination 1yr
07-10-26	Rabies Vaccination 3 yr

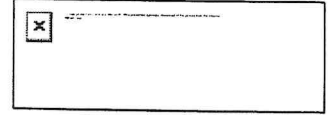
Rabies Vaccine Information...

MFG BY: MERIA
SER. NO: 18567
LOT EXP: 09/28/24

TAG NO: 14402
ADM: SQ

Sarah Fisher

From: no-reply@allpaid.com
Sent: Sunday, November 19, 2023 1:51 PM
To: Lou Luedtke; Kimberly Coyle; Dianne Drew; Sarah Fisher; Lisa Kerstner
Subject: [External] MISCELLANEOUS PAYMENTS Payment Notification



24 Hour Customer Service #: 800-989-7780

MISCELLANEOUS PAYMENTS CONFIRMATION EMAIL

PLC: VILLAGE OF KRONENWETTER **DATE:** 11/19/23
a000tt 1582 KRONENWETTER DRIVE
KRONENWETTER, WI 54455
FOR: MISCELLANEOUS PAYMENTS

TRANSACTION INFORMATION

Name: LISA BRAUN
Contact Phone #: 715-298-1227
Invoice #: FANCIER RENEWAL
Email Address: LJEANR@YAHOO.COM
Notes: RENEWAL APPLICATION EMAILED TO VILLAGE CLERK, BBIRKLABARGE@KRONENWETTER.ORG

APD TRANSACTION REFERENCE #: TX_11355103
TRANSACTION REFERENCE #: 40453729
TRANSACTION DATE/TIME: 11/19/2023 10:30:01 EST

BILLING INFORMATION

NAME: LISA BRAUN
ADDRESS: 1887 KOWALSKI
CITY, STATE ZIP: KRONENWETTER, WI 54455
PHONE #: 715-298-1227
CARD #: xxxx-xxxx-xxxx-4661

PAYMENT INFORMATION

APPROVAL #: 229520
PAYMENT AMOUNT: \$75.00
SERVICE FEE: \$1.75
TOTAL AMOUNT: \$76.75

The service fee is not refundable.

ATTENTION VILLAGE OF KRONENWETTER:

To make corrections, call AllPaid at 800-989-7780, or login to ProviewExp at www.ProViewEXP.com.

Thank you for using AllPaid

