

ANNUAL DOG LICENSE APPLICATION

Rabies vaccination and Dog licenses are REQUIRED per Wisconsin State Statutes 174.042(4) and Wisconsin State Statutes 95.21 (2)

Individual Dog License

Name of Dog: _____
Sex: Female _____ (\$10.00)
Female Spayed _____ (\$5.00)
Male _____ (\$10.00)
Male Neutered _____ (\$5.00)
Late Fee (Aft. Apr. 1) _____ (\$5.00)
Color: _____
Breed: _____
Rabies Vaccination Date: _____
Expiration Date: _____
Vet Clinic: _____

Name of Dog: _____
Sex: Female _____ (\$10.00)
Female Spayed _____ (\$5.00)
Male _____ (\$10.00)
Male Neutered _____ (\$5.00)
Late Fee (Aft. Apr. 1) _____ (\$5.00)
Color: _____
Breed: _____
Rabies Vaccination Date: _____
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Vet Clinic: _____

Name of Dog: _____
Sex: Female _____ (\$10.00)
Female Spayed _____ (\$5.00)
Male _____ (\$10.00)
Male Neutered _____ (\$5.00)
Late Fee (Aft. Apr. 1) _____ (\$5.00)
Color: _____
Breed: _____
Rabies Vaccination Date: _____
Expiration Date: _____
Vet Clinic: _____

REMINDER: A \$5.00 penalty will be assessed after April 1st for each unlicensed dog.

Total Individual Dog Licenses \$ _____

I certify, that the above information is correct, and my dog has been vaccinated for rabies.

Signature

Name: _____
Address: _____

Telephone #: _____

Optional Kennel License

Kennel License (Multiple Dogs) _____ (\$50.00) \$50.00
(Up to 12 dogs)
Number of Dogs in excess of 12: _____ (\$5.00 per dog) _____

Total Kennel License Fee \$ _____

A separate check from tax payment should be made payable to: **Town of St. Croix Falls**
1305 200th Street
St. Croix Falls, WI 54024

Upon completed application and required fee paid, the license(s) and tag(s) will be issued.