NOTICE TO DOG OWNE		_	_	Listing Offi		
Please contact the town tre						
from the municipal dog list	. This will	assist in preven	ung aennqu	ient nouces for u	micensea ac	ogs.
Send separate check for decheck or on tax statement. D				age treasurer. D	o <u>not</u> includ	le in tax payment
Fill in the information on t	thic nage a	nd send with do	a license na	vment: list additi	onal dogs o	n the back of this
page. Presentation to the tr					_	
The license year is January 1	– Decembe	er 31. A <u>\$5.00 la</u>	te ree penan	<u>y</u> will be assessed	arter April	1.
Wisconsin Statutes 95.21(2)(a): "the own one year after the initial vaccination The stated on the certificate of vaccination or, against rabies as required under sub. (2)(a)	ne owner of a dog if no date is spec	g shall have the dog revace cified, within 3 years after	cinated against ra r the previous vac	bies by a veterinarian befo cination." 95.21(10): "A	re the date that th	e immunization expires as
Chapter 174 Wisconsin Statutes requires al to obtain a license for a dog as certified by offense plus court costs and not less than \$ offense"	any town treasu	rer required under Chapte	r 174, Wisconsin	Statutes, shall forfeit not le	ess than \$25 nor m	nore than \$100 for the first
Wisconsin Statutes 174.042(4): "If the ov				n at large or be untagged,	the owner shall fo	orfeit not less than \$25 nor
			1			
Individual Dog License Fee		rt below. Fees are	e ½ of these	amounts if the do	g became 5	months of age
after July 1 of the current lic	ense year.					
Multiple Dog License Fees:	\$35.00 for	12 or fewer dogs	plus \$3.00	for each dog in ex	cess of 12	
OWNER'S NAME (print) _						
ADDRESS						
TELEPHONE #						
		DOG 1	DOG 2		DOG 3	
Dog Name		DOG 1		DOG 2		DOG 3
Color						
Breed						
Diccu	☐ Male \$8	☐ Neutered Male \$3	☐ Male \$8	☐ Neutered Male \$3	☐ Male \$8	☐ Neutered Male \$3
Sex: Check one box per column.	☐ Female \$8	☐ Spayed Female \$3	☐ Female \$8	☐ Spayed Female \$3	☐ Female \$8	☐ Spayed Female \$3
	□ Temale ψ0	□ spayed I emale ψ3	□ Temale ψ0	Δ Spayed Temale ψ3	□ Temale ψ0	spayed Γ emaile ψ5
Chip Number (if applicable)						
Name of Veterinarian						
Rabies Vaccination Date						
Next Vaccination Due Date						
Vaccine Manufacturer						
Vaccine Serial Number					1	

MULTIPLE DOG LICENSE OPTION

Rabies Tag Number

Number of dogs (up to 12)	\$35.00 Fee	=	\$
Number of dogs in excess of 12	x \$3.00 per dog	= +	-\$
Total Multiple Dog License Fee.		.	.\$

 $\label{thm:continuous} Upon \ payment \ of \ the \ required \ fee \ and \ upon \ presentation \ of \ a \ current \ rabies \ vaccination \ certificate \ for \ each \ dog \ listed \ above, \ the \ license(s) \ and \ collar \ tag(s) \ will \ be \ issued.$

I hereby certify that I have read and understand the above and that all statements made by	me are correc
(Signed)	