

-Town of Grant

DOG NOTICE & APPLICATION – 2024

NOTE: PORTAGE COUNTY HAS INCREASED DOG LICENSE FEES FOR 2024. THIS WAS NOT A TOWN DECISION. If you own a dog, you need to apply for a license every year. Landlords- we rely on YOU to inform your renters about the dog license requirements. If you no longer have a dog that you licensed in 2023 please call me at 715-697-3901 or email me at treasurer@townofgrant-portage.wi.gov to let me know about no longer having the dog.

State Statute 174.05, Portage County Animal Control Ordinance, and Town of Grant Dog Ordinance **REQUIRES EVERY DOG OVER THE AGE OF 5 MONTHS TO BE LICENSED.**
CURRENT LICENSES EXPIRE DECEMBER 31, 2023.

FAILURE TO OBTAIN A LICENSE OR HAVE A DOG VACCINATED AGAINST RABIES IS **\$169.00 to \$263.50.** The Town of Grant works closely with the Portage County Humane Society Animal Control Officers to ensure compliance of the laws.

If you are sending for a license, you must include the following items as noted.

1. Rabies Certificate or a Veterinarian document with the vaccination dates and Serum Number. If your dog was licensed in 2023 and the rabies shots are still in effect during 2024 you do not have to send #1 because the current shot information is still valid in our system,
2. If this is the first year the dog is being registered, please include Proof of dog having been neutered or spayed which will be noted on your veterinarian statements or invoices.
3. Fees (below) [Note: Late fee of \$12.00 **per dog** for application after April 1, 2024.]
4. Makes checks payable to: **TOWN OF GRANT**

Mail to: Greg Hakala If you have questions, please call me at **715-697-3901**
3030 95th Street South
Wisconsin Rapids, WI 54494

* I allowed for 3 dogs on this form. If you have more, please feel free to copy this form. The Multi dog shown below for \$80 is generally used by kennels and is good for up to 12 dogs. You don't need to purchase the multi-Dog if you simply have more than one dog. Generally, if you have up to 4 or 5 dogs you are better off with individual licenses.



Owner's Name _____

Address _____

Telephone # _____ E-Mail (optional) _____
Dog #1 #2 #3

Dog(s)' Names _____

Breed(s) _____

Color _____

Date(s) Vaccinated _____

Expiration Date(s) _____

Manufacture of Vaccine _____ Lot/S/N of Vaccine _____

Veterinarian Clinic _____ Phone Number _____

Male Neutered \$12.00 _____ Male \$22.00 _____ Female Spayed \$12.00 _____ Female \$22.00 _____ Multi \$80.00 _____

Please mark with an "X" Yes _____ send back my veterinary information or **No** _____ it's a copy.

Additional Late Fee Per Dog (after April 1st) \$12.00 _____ Total Enclosed \$ _____