| ST. CROIX | | | | |
|---|--------------------------------------|--|---|--|
| License year is January 1 through December 31 The owner of a dog more than 5 months of age on January 1 of any year, or 5 months of age within the license year, shall annually, or on or before the date other dog becomes 5 months of age, pay the dog license tax and obtain a license. | | | The collecting official may assess and collect a late fee if the owner fails to obtain a license prior to April 1st [Wis. § 174.05] | |
| Owner's Name: | | | | |
| Address: Email: Phone #: Are there any dog(s) you have licensed within the last year that are no longer in the household? If so, please provide dog(s) name(s): | | | Make check payable to: TOWN OF STAR PRAIRIE 2118 Cook Drive Somerset, WI 54025 | |
| | Dog #1 | Dog #2 | Dog #3 | |
| DOG NAME | | | | |
| COLOR | | | | |
| BREED | | | | |
| MALE \$15.00 | | | | |
| NEUTERED MALE \$10.00 | | | | |
| FEMALE \$15.00 | | | | |
| SPAYED FEMALE \$10.00 | | | | |
| | may be issued, evidence that each do | of the certificate(s) with one of the certificate o | | |
| | Dog #1 | Dog #2 | Dog #3 | |
| RABIES SERIAL NUMBER | | | | |
| RABIES MFG # NAME | | | | |
| RABIES DATE GIVEN | | | | |
| RABIES DATE EXPIRES | | | | |
| VETERINARY CLINIC | | | | |
| DOG TAG NUMBER ISSUED | | | | |
| Owner's Signature: | AND SUBMIT WITH RABIE | Date | e: | |

 $\square \mathsf{Cash}$

□Check #

Receipt #

For Office Use Only

Date Paid: