

ST. CROIX COUNTY DOG LICENSE APPLICATION

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.

Make check payable to:

Town of St. Joseph
1337 County Road V
Hudson, WI 54016

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):

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]

If you own more than one dog, you may apply for a "Multiple Dog License". A separate application is required for this license.

| | Dog #1 | Dog #2 | Dog #3 |
|-----------------------|--------|--------|--------|
| DOG NAME | | | |
| COLOR | | | |
| BREED | | | |
| MALE \$20.00 | | | |
| NEUTERED MALE \$10.00 | | | |
| FEMALE \$20.00 | | | |
| SPAYED FEMALE \$10.00 | | | |

Rabies Certificate—Submit a copy of the certificate(s) with this application

Before a dog license may be issued, evidence that each dog is currently immunized against rabies is required. [Wis. § 174.07]
Vaccination certificates may be obtained from your veterinarian.

| | 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: _____ Date: _____

COMPLETE, PRINT AND SUBMIT WITH RABIES CERTIFICATE TO YOUR MUNICIPAL TREASURER

***** PROOF OF VACCINATION MUST BE PRESENTED YEARLY *****

| Office Use |
|----------------|
| Date: |
| Total Paid: \$ |