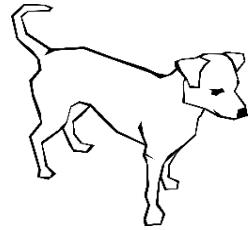


Town of Washington



DOG LICENSE APPLICATION

Please complete the form below and enclose the following: payment, copy of rabies vaccination certificate & self addressed stamped envelope for return of tag(s).

OWNER: _____ EMAIL: _____

ADDRESS: _____

PHONE: _____ DATE: _____

DOG'S NAME	PREV. REGISTERED	BREED	COLOR					IS PROOF OF VACCINATION ENCLOSED?
	YES: _____ NO: _____			NON NEUTERED ____\$10	NEUTERED ____\$5	NON SPAYED ____\$10	SPAYED ____\$5	
	YES: _____ NO: _____			NON NEUTERED ____\$10	NEUTERED ____\$5	NON SPAYED ____\$10	SPAYED ____\$5	
	YES: _____ NO: _____			NON NEUTERED ____\$10	NEUTERED ____\$5	NON SPAYED ____\$10	SPAYED ____\$5	

NO DOG LICENSE WILL BE ISSUED WITHOUT PROOF OF VACCINATION.

PURSUANT TO SECTION 174.052, WISCONSIN STATUTES, ALL OWNERS OF DOGS HAVE RABIES VACCINATIONS BY A VETERINARIAN & DOG LICENSES ARE REQUIRED UNDER THE STATUTES.

- All dogs that are 5 months old and reside in the Town of Washington **MUST BE LICENSED.**
- Dog licenses must be paid in full by April 1st of the current year or a \$5.00 late fee will be added to the total.
- Along with payment, please include a self- addressed stamped envelope to receive your dog tags.
- If your dog has passed away or you no longer have the dog, it is your obligation to inform the Town of Washington.

Please pay by cash or check* (separate from your tax payment) made out to the Town of Washington & return to:

**TOWN OF WASHINGTON
Dog Licensing
PO Box 219 Cecil WI 54111**

*There will be a \$25 NSF fee for all returned checks.

**PO BOX 219 CECIL, WI 54111 (715) 853-2169 WASHINGTONTREAS@GMAIL.COM
WWW.TOWNOFWASHINGTONSHAWANO.CO**