**TOWN OF WOODRUFF**

![MCj04260060000[1]]()

**DOG LICENSE**

**APPLICATION/ RENEWAL**

OWNER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address, if different than mailing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ Male \_\_ Neutered Male \_\_ Female \_\_ Spayed Female

Name of dog: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed of dog: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color / Markings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age of dog: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject to the provisions of Chapter 174 of the Statues, and such provisions and regulations

as may at any time be imposed by the State of Wisconsin. A late fee of $5.00 shall be assessed

the owner of each dog, five months of age or older who fails to obtain a dog license by April 1st.

**DOG LICENSE FEE: $17.00 Male or Female / $7.00 Neutered Male or Spayed Female.**

Vaccine Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vaccine Mfg: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Serial Number: \_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_

Veterinarian’s Name & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNERS SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please come to the Town Office to license your dog and obtain your tag.

**MAKE CHECK PAYABLE TO:**

**TOWN OF WOODRUFF**

**P.O. BOX 560**

**WOODRUFF, WI 54568**