

Office Use: Tag # Assigned
Date Paid:

Dog License Application

Payment due by March 31

Payable to:

Owner's Name:

Phone #:

Town of St Joseph

Address:

1337 County Road V

City:

WI 540 ___

Hudson, WI 54016

		Dog # 1	Dog # 2	Dog # 3	
Dog's Name					Four or more dogs require a private kennel license
Color					
Breed					
Choose Applicable Fees					
MALE	20.00				
Neutered Male	10.00				
FEMALE	20.00				
Spayed Female	10.00				
Late License Fine	2 X +/-				
Veterinarian's Phone Number					
Rabies Vaccine Manufacturer					
Vaccine Serial / Lot Number					
Date Given					
Duration					

Subject to the provisions of Chapter 174 of the State Statutes and such provisions and regulations as may at anytime be imposed

And subject to the Town of St Joseph Code of Ordinances Chapter 64.

Proof of Rabies Vaccination must be presented.

