

STATE OF WISCONSIN  
WASHINGTON COUNTY

APPLICATION/LICENSE FOR DOG

Date \_\_\_/\_\_\_/20\_\_\_

Town of ADDISON

Dog License No. \_\_\_\_\_  
leave blank

Name-Owner/Keeper  
of Dog \_\_\_\_\_ Phone \_\_\_\_\_  
Last First

Address \_\_\_\_\_

Name of Dog \_\_\_\_\_ Color \_\_\_\_\_ Breed \_\_\_\_\_

RABIES TAG NO. \_\_\_\_\_  Male \$10.00  Female \$10.00

EXP. DATE \_\_\_/\_\_\_/20\_\_\_  Neutered \$5.00  Spayed \$5.00

Veterinary Name \_\_\_\_\_ Phone \_\_\_\_\_

DOG OWNER SIGNATURE: \_\_\_\_\_  
Signed verification of current rabies information as herein recorded.

BY THE UNDERSIGNED, THE REQUIRED FEE OF \$ \_\_\_\_\_ HAS BEEN RECEIVED FOR THIS 20\_\_\_.  
DOG LICENSE ISSUED ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_ ( ) \$5.00 LATE FEE PAID.

See Back Side LICENSING OFFICIAL \_\_\_\_\_

Please include a self-addressed stamped envelope if you would like your dog tag mailed to you. After April 1, include a \$5.00 late fee.

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**RETURN TO LICENSING OFFICIAL**

Please fill out, and sign if applicable.

Due to the disposition checked below, a 20\_\_\_\_ dog license is not required by listed owner, for the dog described on the reverse side of this card, because: ( ) Died or Killed, ( ) Sold or Given To:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ T/V/C of \_\_\_\_\_ County \_\_\_\_\_

Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_

Penalties, Fees and Court Costs may be imposed by Governing Agencies for violation of dog licensing laws. Current Rabies information must be submitted before a dog license can be issued. A \$5.00 late fee shall be collected (when applicable) from owners of dogs not licensed by April 1st of each year. Make checks payable to the Town of Addison and mail to:

TOWN OF ADDISON, P.O. BOX 481, ALLENTON, WI 53002-0481

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